



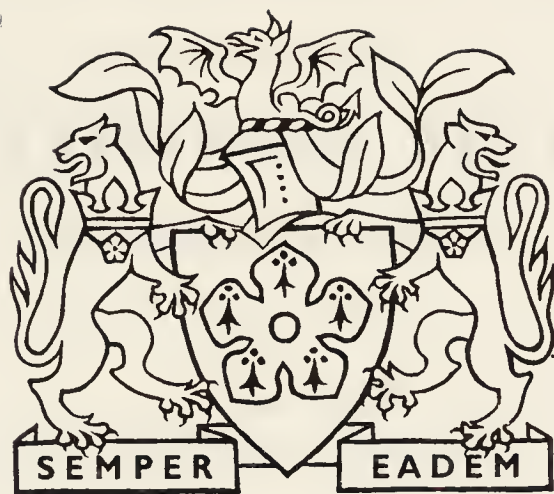
THE HEALTH OF THE CITY OF LEICESTER DURING 1962

B. J. L. MOSS
M.B., B.S.(LONDON), D.C.H., D.P.H.



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M.B., B.S.(LONDON), D.C.H., D.P.H.

CITY OF LEICESTER

HEALTH COMMITTEE

(As constituted 31st December, 1962)

Chairman

Ald. Miss M. GOODWIN

Vice-Chairman

Ald. W. E. HOWELL

Mr. T. BAGULEY
Mr. H. E. BARTON
Ald. S. COOPER
Mr. F. G. GUMBRILL
Mrs. C. E. JACKSON

Ald. F. J. JACKSON
Mrs. M. N. JACKSON
Mr. M. R. MASKERY
Mr. A. E. MATTLOCK
Mr. W. G. PAGE

Mr. D. E. PEARSON
Mrs. F. F. L. RILEY
Mr. A. ROSE
Mrs. M. M. TROTTER
Mr. F. C. TUCKER

Co-opted Members

Dr. J. M. G. COSTELLO

Mr. H. N. T. STAUNTON

The Committee meet on the 3rd Friday in each month in the Committee Room, Town Hall, at 3.15 p.m.

Health Inspection Sub-Committee

Ald. S. COOPER
Ald. Miss M. GOODWIN (*ex-officio*)
Ald. W. E. HOWELL (*ex-officio*)
Mrs. C. E. JACKSON
Ald. F. J. JACKSON
Mrs. M. N. JACKSON

Mr. M. R. MASKERY
Mr. W. G. PAGE
Mr. D. E. PEARSON
Mrs. F. F. L. RILEY
Mr. A. ROSE
Mr. F. C. TUCKER

City Ambulance Service Sub-Committee

Mr. T. BAGULEY
Mr. H. E. BARTON
Ald. S. COOPER
Ald. Miss M. GOODWIN (*ex-officio*)
Mr. F. G. GUMBRILL

Ald. W. E. HOWELL (*ex-officio*)
Ald. F. J. JACKSON
Mrs. M. N. JACKSON
Mr. A. E. MATTLOCK
Mr. D. E. PEARSON

Co-opted Members

Dr. J. M. G. COSTELLO

Mr. H. N. T. STAUNTON

Mental Health Services Sub-Committee

Mr. T. BAGULEY
Ald. S. COOPER
Ald. Miss M. GOODWIN (*ex-officio*)
Ald. W. E. HOWELL (*ex-officio*)

Mrs. C. E. JACKSON
Ald. F. J. JACKSON
Mrs. F. F. L. RILEY
Mrs. M. M. TROTTER

Co-opted Members

Dr. J. M. G. COSTELLO
Dr. H. B. KIDD

Mr. H. N. T. STAUNTON
Dr. A. A. VALENTINE

Maternity and Child Welfare and Home Nursing Sub-Committee

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Ald. W. E. HOWELL (<i>ex-officio</i>)	Mr. A. E. MATTLOCK
Ald. F. J. JACKSON	Mrs. M. M. TROTTER

Co-opted Members

Mrs. V. R. HART	Mrs. J. F. MITCHELL
Mrs. B. C. JENNINGS	Mr. C. NEST

General Welfare Sub-Committee

Mr. T. BAGULEY	Ald. F. J. JACKSON
Ald. S. COOPER	Mr. M. R. MASKERY
Ald. Miss M. GOODWIN (<i>ex-officio</i>)	Mr. W. G. PAGE
Mr. F. G. GUMBRILL	Mr. D. E. PEARSON
Ald. W. E. HOWELL (<i>ex-officio</i>)	Mrs. M. M. TROTTER
Mrs. C. E. JACKSON	Mr. F. C. TUCKER

SENIOR PUBLIC HEALTH OFFICERS

Medical Officer of Health

B. J. L. MOSS, M.B., B.S.(LONDON), D.C.H., D.P.H.

Deputy Medical Officer of Health

T. A. I. REES, B.Sc., M.B., B.Ch., D.P.H., D.I.H., D.C.H., D.Obst.R.C.O.G.

(resigned 13th May, 1962)

C. BURNS, M.B., B.Ch., D.C.H., D.P.H.

(appointed as from 9th July, 1962)

Senior Medical Officer for Maternity and Child Welfare

KATHLEEN J. C. SHAW, M.B., Ch.B., D.C.H.

Consultant Chest Physician

C. M. CONNOLLY, B.Sc., M.D., M.R.C.P., D.P.H.

Public Analyst

F. C. BULLOCK, B.Sc., P.A.Inst.W.E., F.R.I.C. (retired 11th February, 1962)

E. R. PIKE, M.P.S., F.R.I.C. (appointed as from 12th February, 1962)

Chief Public Health Inspector

G. A. HILLER, F.R.S.H., F.A.P.H.I.

Chief Administrative Assistant

F. KELLETT, F.C.C.S. (deceased 6th March, 1962)

G. QUICK, A.R.S.H. (appointed as from 7th March, 1962)

Chief Mental Welfare Officer

S. A. GOODACRE

Senior Superintendent, Home Nursing Service

MISS A. RATCLIFFE, S.R.N., S.C.M., Q.N.S.

Chief Ambulance Officer

J. E. OSWELL, F.I.C.A.P.

Home Help Organiser

MISS F. E. POLE

CONTENTS

	PAGE
Members of the Health Committee and Sub-Committees	ii
Senior Public Health Officers	iv
Introductory Letter	vi
PART I—Vital Statistics	
Summary of Statistics	1
Geographical and Physical, Industries, etc., Atmospheric Pollution, Births, Illegitimate Infant Deaths, Deaths	2
Population, Birth-rates and Death-rates in last 40 years	5
Perinatal Mortality Rate during last 20 years	6
Cancer Statistics	6
Causes of Death	7
Deaths in Age Groups and Percentages to Total Deaths	9
Deaths from Principal Causes Graph	10
Illegitimate Births Graph	11
PART II—Epidemiology	
Infectious Disease—Morbidity and Mortality	12
Deaths from certain Infectious Diseases in last ten years	12
Poliomyelitis	13
Typhoid Fever	13
Dysentery and Food Poisoning	13
Infectious Hepatitis	16
PART III—National Health Service Acts	
Section 22—Care of Mothers and Young Children	18
Maternity and Child Welfare Report	18
Dental Report	43
Co-ordination of Family Care—Children Neglected or Ill- treated in their Own Homes	46
Prevention of Break-up of Families—Action to Deal with Rent Arrears	48
Section 23—Midwifery	50
Section 24—Health Visiting	53
Section 25—Home Nursing Service	55
Section 26—Vaccination and Immunisation	68
Section 27—City Ambulance Service	71
Section 28—Prevention of Illness—Care and After-Care	75
Report on the Chest Clinic	75
Mass Radiography Unit Report	83
Assistance to Cases of Tuberculosis	86
Convalescence	86
Chiropody Service	88
Domiciliary Laundry Service	89
Medical Equipment Loan Service	90
After-Care and Health Education (Health Visitors)	91
Health Education	92
Home Accidents	95
Firework Accidents	98
Venereal Disease	100
Section 29—Home Help Service	103
Section 51—Mental Health Service	115
Emily Fortey School Dental Service Report	124
PART IV—Miscellaneous Health Services	
Registration of Nursing Homes	131
Registration of Nurses' Bureaux	131
Water Supplies	132
Sewerage	136
Cremation	137
National Assistance Act, 1948, Sect. 47 (Removal of persons in need of care and attention)	138
Blind Persons	139
Re-housing on medical grounds	142
Medical examination of staff and entrants to the Corporation Service	145
PART V—Environmental Hygiene	
Report of the City Analyst	146
Report on the Public Health and Food Inspection Department	209
Index	242

*To the Chairman, the Lord Mayor, and the Members of the
City Health Committee*

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1962.

During the course of the year a number of changes took place in the administration of the Department, and a series of new schemes have been put into operation.

Ten-Year Plan

At the request of the Ministry of Health a plan was devised for the development of the public health services over the next ten years. Much time was spent in attempting to calculate the estimated requirements in the way of comprehensive health services for Leicester during the next ten years, but unless money becomes more readily available, the series of hypothetical schemes devised appear to have little hope of fruition. A reasonable estimate can be made of the needs of the community, but costing the project is much more hazardous, particularly as costs in some cases may rise by as much as 1% for each month of delay.

Home Help Service

The administrative section of the Home Help Service has now been moved to Grey Friars, the administrative headquarters of the whole Department. Considerable benefit has already been felt from this integration. It is hoped that the reorganisation will particularly benefit the work of this section with problem families and patients suffering from mental disorder.

Mental Health Department

Following a complete review of the organisation and methods, the Department was moved to No. 10 Loseby Lane. These more spacious offices will be better able to accommodate the increase in staff that has occurred since the Mental Health Act of 1959 came into effect. There has been a considerable improvement in the facilities for supervision of patients in the community now that records and administration have been improved.

Public Health Department

A similar review was undertaken of the Public Health Inspection Department and as a result a divisional system has been devised for the City. This gives greater flexibility in the deployment of staff, combined with more efficient use of their technical skills.

Acknowledgement is made of the assistance given by the Establishment Officer in re-planning these sections of the Department.

Adult Training Centre

The group of mentally disordered patients who were originally working at the Braunstone Adult Training Centre were moved to Spittlehouse Street in September. This move was essential owing to the overcrowding of the premises, the inadequate facilities for feeding, and the derelict condition of the building.

Spittlehouse Street is a little better, the premises consisting of an adapted warehouse. Heating has presented considerable problems, but the larger amount of room has enabled a wider range of work to be undertaken. There is no doubt, however, that the sooner a move can be made to the purpose-built premises at Aylestone, the better. Both staff and patients are working under extremely difficult conditions. It is difficult to maintain close supervision in the present building, and the patients are therefore easily distracted and tend to lose interest.

Health Visitor Training School

A second Tutor has now been appointed in order that the work of this section may be expanded to cover not only health visitor training and health education, but the training of other staff. It is hoped to develop a series of refresher courses for all types of staff in order that they may constantly be kept up-to-date with modern developments.

Secondment for D.P.H. Training

Realising the necessity to provide adequate training for senior medical officers undertaking administrative work, the Committee agreed to the secondment of Dr. K. J. C. Shaw to the London School of Hygiene to undertake the D.P.H. course. During the period of her absence the work of running the Department has been undertaken by Dr. M. Tate.

Now that this scheme of secondment has been initiated it is hoped to be able to send other doctors, and thus to improve the work of the Department.

Immigrants

The Commonwealth Immigration Act came into force on the 31st July, 1962. Since that time there appears to have been some stabilisation in the number of immigrants in the City, but it is extremely difficult to ascertain the precise number of such persons in the community as they are often nomadic in their habits, moving not only from one city to another, but from one part of a city to another.

The integration of immigrants of different race and culture inevitably presents some problems. Many of the Asians appear to have come from village communities with little experience of the need for the sanitary and health control that is necessary for life in the City. Language difficulties, although not insuperable, do impede communication and occasionally result in the development of suspicion or misunderstanding. A number of questionnaires in different languages have been devised in order to help, but it has not been necessary to adapt the various local authority services to any great extent to provide for the particular needs of immigrants.

Tuberculosis

A recent British Medical Association report* drew attention to the fact that there was a higher incidence of tuberculosis in certain types of immigrant than in the indigenous population of this country. In Leicester, the incidence of tuberculosis noticed amongst immigrants does appear to be higher than amongst the general population. This is probably due to the fact that the general practitioners have fully appreciated the risk run by these people when entering highly populated areas and are therefore referring them more frequently for X-ray examination. The Table indicates the notifications of tuberculosis in Leicester during the last year. Of particular interest is the high incidence of non-pulmonary tuberculosis that has occurred amongst immigrants.

Notification of Tuberculosis in Leicester during 1962

				No.	%
Pulmonary Tuberculosis:					
Citizens of U.K. stock				97	73.5
				—	—
Indians	..	..	..	18	13.6
Irish	..	..	..	6	4.5
Others	..	..	..	11	8.3
				—	—
Total immigrants	..	..	..	35	26.4
				—	—

*Report of the Tuberculosis Diseases of the Chest Group Committee.

Non-Pulmonary Tuberculosis:

Citizens of U.K. stock	..	..	15	53.6
			—	—
Indians	..	..	5	17.8
Irish	..	..	1	3.6
Others	..	..	7	25.0
			—	—
Total immigrants	..	..	13	46.4
			—	—

Unfortunately, the Mass Radiography Unit, despite its intensive publicity and door-to-door canvassing in the Highfields/Melbourne Road/Charnwood Street area was unable to attract more than 3% of the population for X-ray. Against this unrewarding geographical selection must be set the better response from factories.

Tropical Disease

The speed of travel has now entirely removed any semblance of isolation. Practitioners in Leicester must now be prepared to meet almost any type of tropical disease.

Leprosy

Leprosy, which was until recently an extremely rare occurrence in Leicester, must now be given consideration in differential diagnosis as is the case with certain other types of so-called tropical diseases. During the course of the last two years there have been three cases referred to the Department, all having occurred amongst immigrants.

Cases notified have come to the attention of hospitals after referral for dermatological, neurological or even surgical investigation. Thanks are due to the hospitals concerned for their prompt notification and the assistance which they have given in dealing with the public health aspects.

Smallpox

Although no cases of smallpox arose in Leicester during 1962 the demand for vaccination following the outbreak at Bradford was extremely heavy. As a result of the experience gained in investigating contacts, reorganisation of the smallpox scheme has been undertaken. Thanks are particularly due to Dr. Mackenzie, at the Isolation Hospital, Dr. Mair, at the Public Health Laboratory Service, and to Dr. Gibson of the County Health Department, for their help and assistance, not

only during last year, but over a long period, in devising new plans for combating this disease in the future.

Infective Hepatitis

During the course of the year an investigation had taken place into the incidence of infective hepatitis. Although the number of cases coming to the attention of the Department has by no means been comprehensive, some estimate has been obtained as to the incidence of this condition, particularly amongst those children of school age. A detailed analysis of the findings during the first year of our investigation is given on Page 16.

Sickness Surveys

During the course of the year a series of surveys of sickness has been undertaken amongst various sections of the Corporation staff. Up to the present time these have been mainly among small selected groups.

It is hoped that in 1963 the scheme will be extended to cover all manual workers, and possibly by the end of the year all employees of the Corporation.

Cost of Sickness

The cost of keeping one patient in the Leicester Royal Infirmary for one week rose during the course of the year to over £28, and at the General Hospital the cost was even higher. It is, therefore, important to give every consideration to the possibility of reducing this tremendous cost by preventing illness occurring rather than treating a sick patient. Unfortunately, while they are well, people do not desire to be helped, whether it be by immunisation or accepting the recommendation to give up smoking. Each year approximately one hundred cigarette addicts die of carcinoma of the lung in Leicester. Most of these die in the 45-64 age group, by which time they will have achieved their maximum skill and efficiency. The economic loss to the community, therefore, is high. Furthermore, the victim can anticipate spending some 18 weeks in hospital before he finally succumbs. The National Health Service cost, therefore, of this one disease alone in Leicester during the course of one year is probably £50,000. These figures, however, take no account of the loss of manpower, due to absenteeism from bronchitis and other conditions aggravated by chronic smoking.

Looked at from the patient's viewpoint the picture is different. A packet of cigarettes is approximately 4/- and the consumption of 20

cigarettes a day is considered reasonable. The "incubation" period for cancer of the lung is 15 years.

The investment

By investing £73 per year or just over £1,000 in the full 15 years' period

The return

is increasing absenteeism from chronic bronchitis probably from the age of 35,

+18 weeks in hospital as a final bonus.

Not a very good investment—in fact a dead loss!

Drugs

Although, fortunately, no congenital deformity arose in Leicester City as a result of the administration of thalidomide drugs, concern is felt in regard to the ease with which drugs can be obtained by the general public. Several instances have occurred where prescriptions have been altered in order to obtain larger quantities of drugs. It is known that drugs of the dexedrine type have been circulated at "petting parties" in the area. One girl was admitted to hospital as a result of an overdose.

The Minister of Health recently drew attention to the fact that 1,500,000 sleeping pills are used each night in Britain. One cannot help but wonder if all these patients really require these pills or whether perhaps some are purchased and consumed as a status symbol!

Congratulations are offered to Dr. T. A. I. Rees on his appointment as County Medical Officer of Health for Anglesey. The Department will miss his exuberant cheerfulness and wise counsel.

During his service in Leicester, Dr. Rees gained a wide experience by careful attention to detail in the various aspects of the work he undertook. This fund of practical knowledge which he acquired will be of inestimable value in his new appointment.

Similarly, our good wishes go to Mr. G. A. Hiller, Chief Public Health Inspector, who after being appointed as President of the East Midlands Association of Public Health Inspectors for the second year running has now been acknowledged nationally by being selected as Chairman of the General Council of his Association. This honour indicates the high regard in which he is held by his colleagues, both locally and nationally.

A welcome is extended to Dr. Carl Burns, who joined the Department as Deputy Medical Officer of Health in succession to Dr. Rees.

I would like to express my grateful thanks to all my colleagues in the Department for their help and support during the year.

To you, Mr. Chairman, and the Committee I also wish to record my gratitude for the help and encouragement that you have given to all of us in the work that we undertake.

I am,

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen

Your obedient servant,

B. J. L. MOSS, M.B., B.S., D.P.H.

Medical Officer of Health

Health Department,
Grey Friars,
Leicester.
(Tel. No. 29581)

31st May, 1963

ANNUAL REPORT 1962

PART I

Vital Statistics

SUMMARY OF STATISTICS FOR THE YEAR 1962

Population (estimated), mid-1962	..	..	..	272,500
Population at Census, 23rd April, 1961	..	..	..	273,298
Marriages..	..	..	..	2,375
Area Comparability Figure: Births	..	..	..	1.01
Deaths	..	..	..	1.00
Live births (corrected):				
Number	..	..	..	5,087
Rate per 1,000 population (standardised birth-rate=18.86)				18.67
Illegitimate live births per cent of total live births	..	..	..	9.93%
Stillbirths: Number	..	..	..	92
Rate per 1,000 total live and stillbirths	..	..	..	17.76
Total live and stillbirths	..	..	..	5,179
Infant deaths (deaths under one year)	..	..	..	118
Infant Mortality Rates:				
Total infant deaths per 1,000 total live births	..	..	..	23.20
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	22.48
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	29.70
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	..	..	..	14.35
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	..	..	..	11.21
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	..	..	..	28.77
Maternal Mortality (including abortion)				
Number of deaths	..	..	..	2
Rate per 1,000 total live and stillbirths	..	..	..	0.39
Deaths (corrected for transferable deaths)	..	..	..	3,489
Death-rate (standardised death-rate=12.80)	..	..	..	12.80
Zymotic death-rate (per 1,000 population)	..	..	..	0.103
Respiratory Disease death-rate (per 1,000 population)	..	..	..	1.52
Cancer death-rate (per 1,000 population)	..	..	..	2.25
Tuberculosis death-rate (per 1,000 population)	..	..	..	0.077
Phthisis death-rate (per 1,000 population)	..	..	..	0.062
Area of City (in acres)	..	..	..	16,990
Number of Inhabited Tenements, January, 1963	..	..	..	85,305
Number of Empty Houses, January, 1963	..	..	..	772
Rateable Value at 1st April, 1962	..	..	..	£4,870,796
General Rate for the year, 1962-63	..	..	..	23/8d. in £
				England and Wales
Birth-rate	..	..	..	18.0
Death-rate	..	..	..	11.9
Infant Mortality (per 1,000 Births)	..	..	..	21.4

(Registrar-General's Figures)

Geographical and Physical

Leicester, the County town and the twelfth largest town in the country, is situated in the centre of England, 100 miles north of London. It is therefore one of the most distant towns from the sea-coast.

The City, covering an area of 16,989 acres or 26 square miles, is divided by the River Soar, which flows from South to North on the West side of the City centre. Leicester is situated about 200 feet above sea level in the alluvial river bed. It lies in a hollow with the hills of the Charnwood Forest several miles to the North and High Leicestershire to the East and South.

Industries, etc.

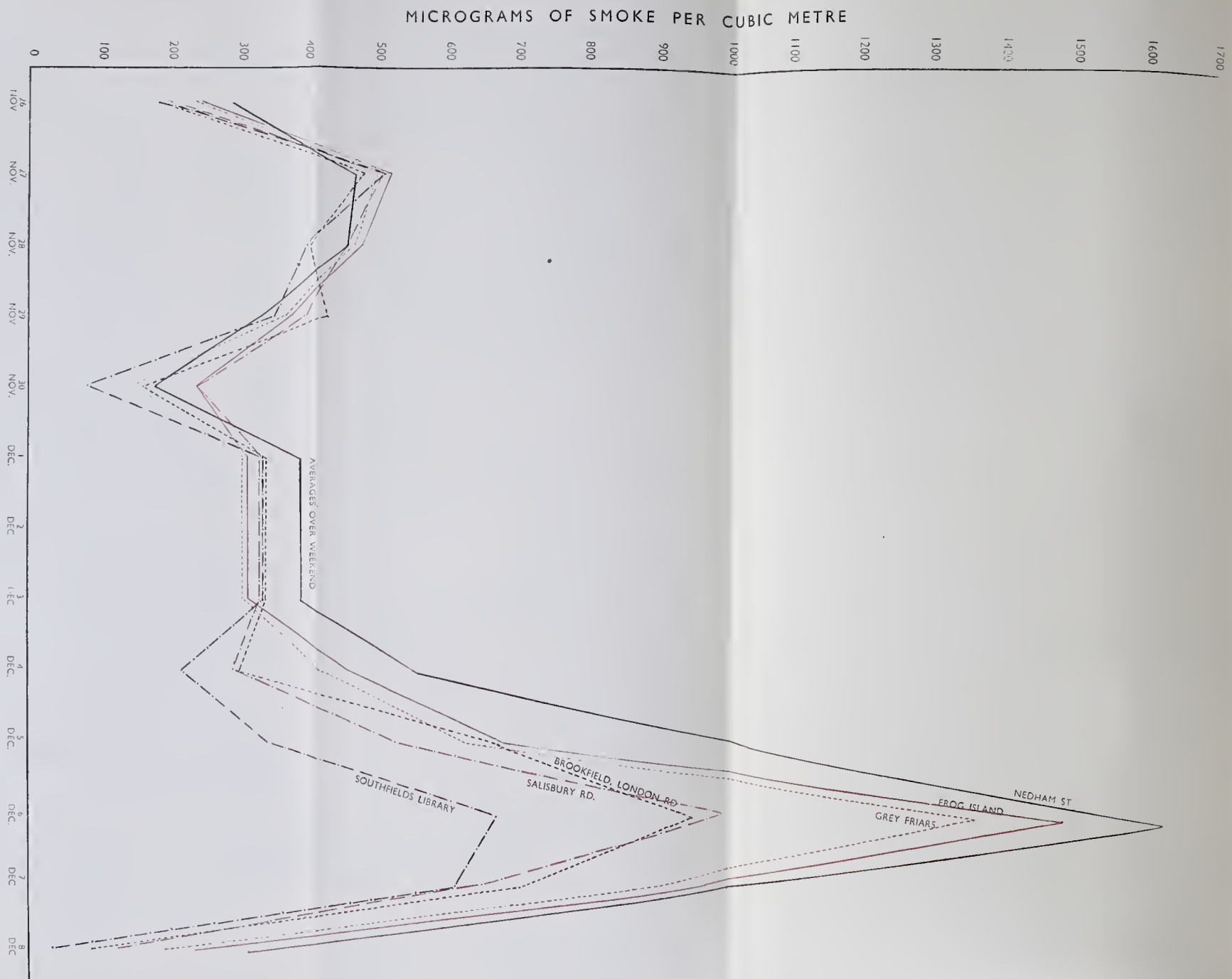
Leicester, recognised as a City in 1919, continues to serve the area in its older function as a County town and is a meeting point for the agricultural, industrial and commercial elements of the area. The old-established retail market and also the City centre shops continue to attract shoppers from the nearby towns and villages. Leicester is also the seat of Local Government and justice, the Assizes having visited the town since the 13th century.

Educational facilities play an increasingly important part in the life of the City. The Colleges of Art and Technology, opened in 1897, and the University of Leicester, opened in 1921 as a University College and becoming a University in May, 1957, both serve the needs of students from all parts of the world in a great variety of subjects, while the former also specialises in the branches of technology relevant to the local range of industries.

Leicester is a City of many industries, the oldest being hosiery, and boot and shoe manufacturing being the second industry to be centred in Leicester. Around these two industries have grown many ancillary industries, such as dyeing, bleaching and processing, leather tanning, and the manufacture of braces, buttons, ribbons, elastic thread, shoe-laces, heels, stains and polishes, paper and boxes, etc. Thirdly, the City has a large engineering industry. This started as a logical development to provide the hosiery and boot and shoe industries with machinery, but many other branches of engineering and a variety of light industries have also become established in the City.

This variety of industries, producing consumer goods, is no doubt the reason for Leicester's low unemployment figures in times of depression, providing as it does a better balance of occupations than could one-industry regions. The proportion of women employed is higher than the national average and the existence of more than one wage earner in

ATMOSPHERIC SMOKE CONCENTRATIONS



most families, usually in different industries, considerably reduces hardship in times of unemployment.

The statistics for unemployment during 1962 show that it was at its lowest during January, when 0.87% of the working population were either totally unemployed or on short-time, the highest level being in December, when the figure rose to 1.46%. The average for the twelve months was 1.09%. The following figures show the average number of males and females per calendar month who were working short-time or were totally unemployed.

<i>Short-time</i>		<i>Totally unemployed</i>	
<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
233	126	1,397	272

Atmospheric Pollution

Although Leicester might be described as one of the cleaner industrial cities in the Midlands, atmospheric pollution does present considerable problems. Up to the present time less than one-tenth of the total premises, and a tenth of the acreage, have been included within smoke control areas. Not surprisingly, therefore, there has been little appreciable change in the amount of polluted air hanging over the City. In June of the year under review the Council agreed to speed up the programme and thus bring approximately one-third of the City within the smoke control area by 1966. If this rate of progress is continued it is hoped to complete the smoke control programme for the City by 1975.

The persistent fog that covered the City during the whole of the first week in December, 1962, will have convinced even the most reluctant that the time for action can no longer be deferred. The graphs indicate clearly the build-up of smoke and sulphur dioxide that occurred during the period 1st-6th December; similarly, figures supplied by the Ministry of Pensions and National Insurance also showed that there was an increase in the amount of sickness reported during the period immediately following the fog. This sickness was accompanied by an increase in deaths from respiratory and cardiac disease over the same period.

VITAL STATISTICS

Births

There was a substantial increase of 416 in the live births compared with last year. Unfortunately there was also an increase in the number of stillbirths which were more than could be accounted for by the increased number of total births.

Illegitimate Infant Deaths

Whereas there has been a drop in the illegitimate infant death rate, there has been a fairly marked rise in deaths occurring amongst children under the age of one year who were born to unmarried mothers. In some of these deaths, bad housing, inadequate knowledge of mothercraft, and lack of support by the putative father certainly played a contributory factor.

Deaths

In males aged 45 to 64 there was an increase of approximately 10% in the deaths compared with 1961. There has been a marked increase in the amount of carcinoma of the stomach; there have also been substantial increases in the amount of heart disease.

In females, in the same age group, there is a similar increase, particularly in coronary disease.

It is to be expected that amongst the older generation, i.e. 65+, heart disease would be a major factor. It is, however, of some concern to see how much earlier this type of disease is now developing.

TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 40 years—1923-1962

Year	Estimated Population	Birth-rate	Death-rate	Zymotic Death-rate	Infant Mortality
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.9
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3
1949	283,400	17.9	11.6	.59	23.8
1950	287,520	16.4	11.5	.58	29.5
1951	284,700	16.2	12.4	.09	25.2
1952	285,900	15.9	11.4	.09	24.2
1953	286,500	16.0	11.2	.20	24.8
1954	287,300	15.3	11.2	.09	27.2
1955	286,300	14.8	12.0	.15	23.4
1956	284,000	15.4	11.3	.11	19.7
1957	281,200	15.7	11.3	.19	17.6
1958	277,700	16.0	12.0	.086	25.45
1959	275,400	16.5	12.3	.34	20.88
1960	273,370	16.63	12.64	.051	24.42
1961	273,130	17.10	12.36	.245	23.76
1962	272,500	18.67	12.80	.103	23.20

TABLE 2

Showing Perinatal Mortality Rate per 1,000 total births during the last 20 years—1943–1962

Year	Perinatal Mortality Rate	Year	Perinatal Mortality Rate
1943	(War period—figures not available)	1953	40.00
1944		1954	38.96
1945		1955	35.13
1946		1956	36.23
1947		1957	30.57
1948		1958	35.71
1949		1959	31.03
1950		1960	37.63
1951		1961	30.55
1952		1962	28.77

TABLE 3

CANCER STATISTICS, 1952-62
(Calculated locally)

Year			Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death- rate per 100,000 Population
1952	..	..	593	18.2	207
1953	..	..	527	16.4	184
1954	..	..	583	17.9	202
1955	..	..	542	15.8	189
1956	..	..	566	17.7	199
1957	..	..	584	18.4	209
1958	..	..	604	18.3	217
1959	..	..	606	17.9	220
1960	..	..	657	19.0	240
1961	..	..	553	16.4	202
1962	..	..	613	17.6	225

TABLE 4—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
TOTAL DEATHS	M	1717	58	9	11	68	512	1059
	F	1772	60	4	6	62	277	1363
1. Tuberculosis of Respiratory System	M	16	—	—	—	2	6	8
	F	1	—	—	—	—	1	—
2. Other forms of Tuberculosis	M	3	—	—	—	2	—	1
	F	1	—	—	—	1	—	—
3. Syphilitic Disease ..	M	7	—	—	—	—	3	4
	F	1	1	—	—	—	—	—
4. Diphtheria	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
5. Whooping Cough ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
6. Meningococcal Infections	M	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—
7. Acute Poliomyelitis ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
8. Measles	M	1	1	—	—	—	—	—
	F	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	M	3	—	—	—	1	1	1
	F	1	—	—	—	—	1	—
10. Cancer of Stomach ..	M	46	—	—	—	3	12	31
	F	43	—	—	—	—	11	32
11. Cancer of Lung and Bronchus	M	129	—	—	—	5	72	52
	F	19	—	—	—	—	9	10
12. Cancer of Breast ..	M	2	—	—	—	—	1	1
	F	59	—	—	—	3	17	39
13. Cancer of Uterus ..	F	26	—	—	—	5	10	11
14. Other Malignant and Lymphatic Neoplasms..	M	144	—	—	1	8	54	81
	F	133	—	—	—	6	48	79
15. Leukæmia, Aleukæmia	M	6	—	—	—	1	1	4
	F	6	—	—	—	1	2	3
16. Diabetes.. ..	M	8	—	—	2	—	3	3
	F	15	—	—	—	—	—	15
17. Vascular Lesions of Nervous System	M	246	—	—	—	3	41	202
	F	376	—	—	1	2	45	328
18. Coronary Disease, Angina	M	362	—	—	—	11	151	200
	F	187	—	—	—	—	26	161

TABLE 4 (continued)—CAUSES OF DEATH

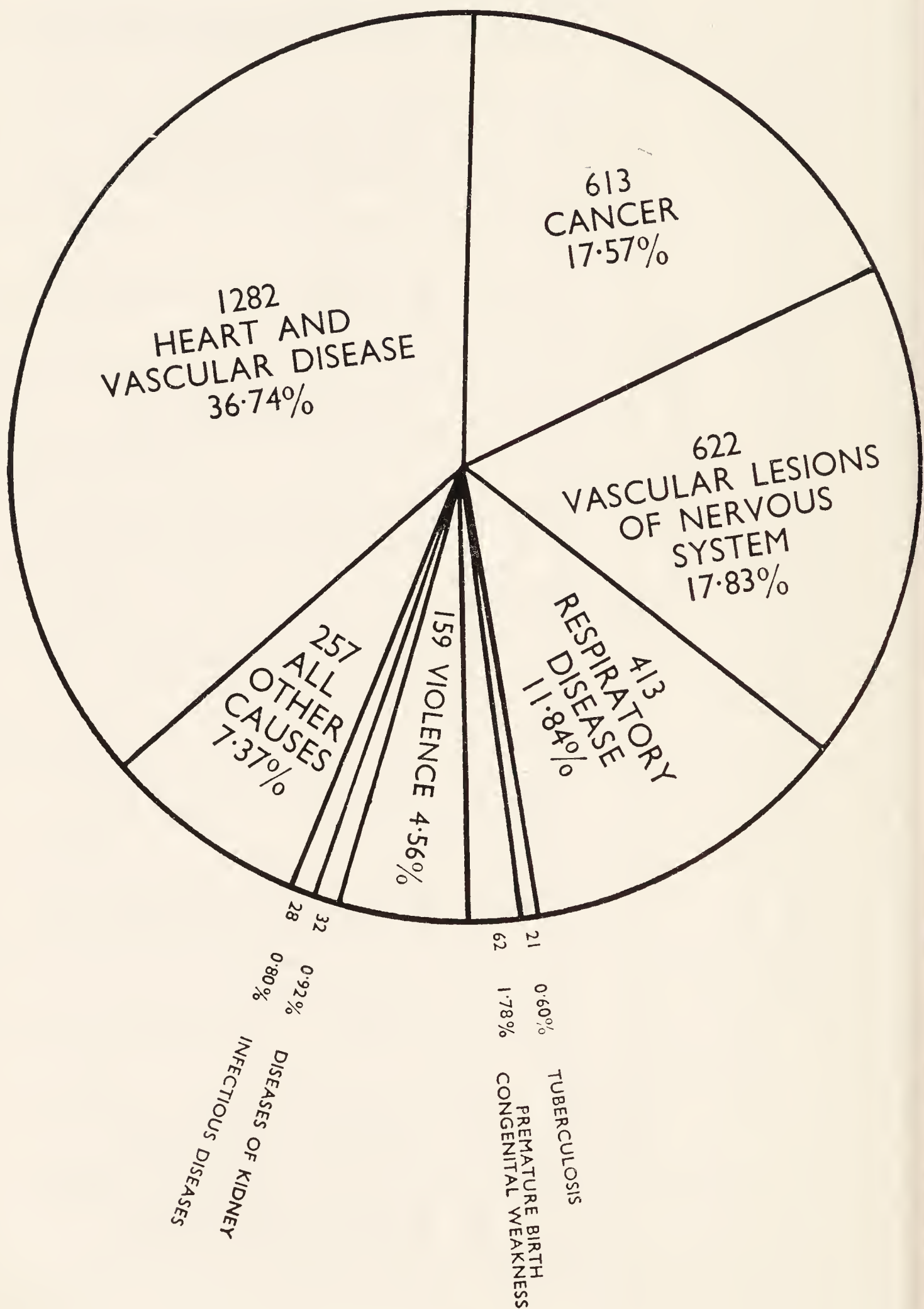
CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Hypertension with Heart Disease	M	40	—	—	—	—	17	23
	F	59	—	—	—	—	6	53
20. Other Heart Disease ..	M	196	—	—	—	3	35	158
	F	334	—	—	—	6	24	304
21. Other Circulatory Disease	M	36	—	—	—	1	8	27
	F	68	—	—	—	3	9	56
22. Influenza	M	6	1	—	—	—	2	3
	F	8	—	—	—	—	1	7
23. Pneumonia	M	71	4	1	—	—	12	54
	F	93	7	1	—	3	6	76
24. Bronchitis	M	144	5	1	1	1	39	97
	F	73	5	—	1	1	11	55
25. Other Diseases of Respiratory System	M	18	—	1	—	—	7	10
	F	14	—	—	1	1	6	6
26. Ulcer of Stomach and Duodenum	M	16	—	—	—	—	4	12
	F	5	—	—	—	—	1	4
27. Gastritis, Enteritis and Diarrhœa	M	—	—	—	—	—	—	—
	F	7	2	—	—	1	1	3
28. Nephritis and Nephrosis	M	12	—	—	—	1	2	9
	F	20	—	—	—	3	3	14
29. Hyperplasia of Prostate	M	9	—	—	—	—	—	9
30. Pregnancy, Childbirth, Abortion	F	2	—	—	—	2	—	—
31. Congenital Malformations	M	22	16	3	1	—	—	22
	F	22	18	1	—	2	1	—
32. Other Defined and Ill-defined Diseases	M	97	30	1	1	8	17	40
	F	116	21	1	3	10	18	63
33. Motor Vehicle Accidents	M	28	—	1	2	9	9	7
	F	18	—	1	—	7	5	5
34. All Other Accidents ..	M	25	1	1	3	3	5	12
	F	48	4	—	—	2	7	35
35. Suicide	M	24	—	—	—	6	10	8
	F	14	—	—	—	3	8	3
36. Homicide and Operations of War	M	—	—	—	—	—	—	—
	F	2	1	—	—	—	—	1

TABLE 5
DEATHS IN AGE GROUPS AND PERCENTAGES TO TOTAL DEATHS

Year	Total number of deaths	Age groups and percentages									
		0—		1—4		5—44		45—64		65—	
		No.	%	No.	%	No.	%	No.	%	No.	%
1932	3,022	251	8.31	84	2.78	477	15.78	773	25.58	1,437	47.55
1952	3,254	110	3.38	25	0.77	216	6.64	802	24.65	2,101	64.57
1953	3,206	114	3.56	22	0.69	196	6.11	782	24.39	2,092	65.25
1954	3,240	120	3.70	15	0.46	196	6.05	767	23.67	2,142	66.11
1955	3,422	99	2.89	10	0.29	183	5.35	768	22.44	2,362	69.02
1956	3,200	86	2.69	16	0.50	134	4.19	724	22.62	2,240	70.00
1957	3,172	78	2.46	18	0.57	156	4.92	770	24.28	2,150	67.78
1958	3,333	113	3.39	17	0.51	151	4.53	791	23.73	2,261	67.84
1959	3,386	95	2.81	14	0.41	164	4.84	727	21.47	2,386	70.47
1960	3,456	111	3.21	14	0.41	146	4.22	806	23.32	2,379	68.84
1961	3,377	111	3.29	12	0.36	139	4.12	744	22.03	2,371	70.21
1962	3,489	118	3.38	13	0.37	147	4.21	789	22.61	2,422	69.42

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1962

TOTAL DEATHS, 3,489



ILLEGITIMATE BIRTHS

Percentage to total live births

PER CENT OF
TOTAL
LIVE BIRTHS

LEICESTER

ENGLAND and WALES

13

12

11

10

9

8

7

6

5

4

3

2

1

1940

1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

*Figures not available

PART II

Epidemiology

INFECTIOUS DISEASE—MORBIDITY AND MORTALITY

			<i>Notifications</i>	<i>Deaths</i>
Measles	..	..	1,615 (2,542)	1 (-)
Scarlet Fever	..	..	62 (64)	- (-)
Whooping Cough		..	92 (105)	- (-)
Diphtheria	..	..	- (-)	- (-)
Meningitis	..	..	4 (3)	1 (1)
Acute Poliomyelitis		..	2 (3)	- (1)
Encephalitis (Infective)	..		2 (3)	- (-)
Typhoid Fever	..	..	1 (2)	- (-)
Paratyphoid Fever		..	- (1)	- (-)

(1961 figures are in brackets)

TABLE 6
Showing the number of Deaths from certain Infectious Diseases
in the Ten Years 1953-1962

Disease	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Measles	0	0	0	0	0	0	0	0	0	1
Scarlet Fever	0	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0	0
Whooping Cough ..	2	0	1	0	1	0	0	0	0	0
Diarrhoea } Under two										
Enteritis } years of age	4	4	2	2	1	2	3	2	5	2
Influenza	29	3	25	16	37	7	80	4	54	14
Puerperal Fever ..	0	0	0	0	0	0	0	0	0	0
Cerebro-Spinal Fever ..	4	4	0	0	0	1	0	0	1	1
Poliomyelitis	1	1	0	0	3	1	0	0	1	0
Encephalitis Lethargica	1	0	0	0	0	0	0	0	0	0
Pneumonia	128	99	148	113	128	153	148	144	169	164

POLIOMYELITIS

Two cases of poliomyelitis occurred in the City during 1962. Neither case was fatal, but both were paralytic, the left leg being the affected limb in each case. Neither had been vaccinated.

Case 1: A boy aged 10 months developed acute poliomyelitis affecting the left leg on May 18th, 1962. The patient and his brother aged 3½ years were found to be excreting Type 1 Poliovirus. Neither had been vaccinated against the disease.

Case 2: A boy aged 2 years, developed acute poliomyelitis involving paralysis of the left leg on June 15th. He was a member of a family of seven children of whom five, including the patient, were found to be excreting Type 1 Poliovirus. The patient and his twin brother had received no immunisation against poliomyelitis—this despite the fact that the father is himself disabled due to poliomyelitis!

TYPHOID FEVER

There was one case of Typhoid Fever in the City during 1962. This was a man aged 21 years who arrived in Leicester from the Punjab on September 16th and was taken ill on the 28th. Bacteriological investigation revealed that the type of organism involved was one which is common in India, but very uncommon in Britain.

It was concluded that the patient had contracted the infection in India and was incubating it when he arrived here. He made a good recovery under treatment in the Leicester Isolation Hospital and was discharged free from infection. There were no further cases.

DYSENTERY & FOOD POISONING

There was fortunately no repetition in 1962 of the high incidence of dysentery which occurred in 1961, and apart from 2 small outbreaks in Glenfrith Hospital which are further described below, there were no significant local outbreaks of the disease. With regard to food poisoning, the year was also relatively quiet apart from an outbreak in a factory canteen, which will be described in detail below.

Dysentery

133 cases of dysentery were confirmed bacteriologically; 85 of these were notified by general practitioners and 48 were ascertained by other means. The causative organism was *Shigella Sonnei* in 103 cases and *Shigella Flexneri* in 30 cases.

In addition to the cases confirmed bacteriologically, a further 514 suspected cases were investigated, but bacteriological tests proved negative. Amongst the difficulties in investigating and controlling this disease is the variable and intermittent excretion of the organism in the faeces so that it cannot be assumed that none of these cases was in fact dysentery.

A total of 30 cases of *Shigella Flexneri* dysentery were confirmed bacteriologically in Glenfrith Hospital in 2 separate outbreaks in January, and October-November, 1962. By energetic measures on the part of the hospital staff, the outbreaks were brought under control and no spread into the general community occurred.

Food Poisoning

35 cases of food poisoning were notified to the department, of which 30 were after investigation confirmed on bacteriological or other grounds. In addition, a further 57 cases were ascertained by other means than formal notification, making a total of 87 cases in all.

<i>Responsible Organism</i>	<i>No. of Cases</i>	
Salmonella Typhi Murium	..	39
Clostridium Welchii	44
Agent not identified	4
		—
		87
		—

Of these 87 cases, 17 were single isolated cases, 26 occurred in 11 small family outbreaks and the remaining 44 formed the factory canteen outbreak referred to previously, and which is now described in detail.

On the morning of 12th September, 1962, the Department was notified that an outbreak of food poisoning had occurred at a factory in the City, and immediate steps were taken in conjunction with the Works Medical Officer to carry out a thorough investigation. Altogether 44 cases were reported out of a total of 450 employees although it is known that other cases had occurred but were not reported due to the mildness of the symptoms. Preliminary enquiries indicated that the cause of the outbreak was the lunch provided at the works canteen on the 11th September, 1962. 335 lunches were served on that day, and cases of food poisoning occurred only amongst those who had eaten either roast beef (220 portions served—38 cases of food poisoning)—or shepherd's pie (80 portions served—6 cases of food poisoning). The meat for these two dishes was of different origin, and the only factor common to both was gravy which was used to moisten both the roast beef and the

shepherd's pie. Lunch was served in two sittings, at 12.15 p.m. and 1.00 p.m. respectively.

The beef was delivered to the canteen on the morning of September 10th as boned and rolled joints, each of about 6-8 lbs. weight. The meat appeared fresh, one joint being cut open for closer inspection. The joints were kept overnight in the refrigerator which had been serviced as recently as 7.9.62. On the morning of September 11th the joints were removed from the refrigerator and placed in the oven between 7.30-8.00 a.m. Cooking continued for about 3 hours at a temperature of 350°, and for a further hour at 200°. The meat was then sliced by hand by the canteen manager, commencing at about 11.00 a.m., glazed with gravy and kept warm until serving commenced at 12.15 p.m.

The shepherd's pie was prepared by mincing cold mutton, cooked the previous day and kept overnight in the refrigerator. The gravy was made from stock, prepared by simmering bones starting on Monday afternoon, September 10th, and continuing the simmering over Monday night. Between 7.00 a.m. and 8.00 a.m. on the morning of Tuesday, September 11th, the stock was made into gravy which was kept simmering until 11.30 a.m. when it was decanted into "bains maries" which kept it warm over a water bath until used.

The symptoms complained of by the sufferers were abdominal pain and diarrhoea; the incubation period varying in the majority of cases between 12 and 16 hours. This picture is characteristic of food poisoning caused by *Clostridium Welchii* toxin and this was subsequently confirmed bacteriologically by the finding of this organism in the faeces of a number of the victims.

The methods of preparation of both the roast beef and the shepherd's pie were open to criticism. It is possible that the period of cooking allowed was insufficient to sterilize the joints and the practice of slicing the meat some time before it was served, glazing it with gravy and keeping it warm would allow ample time for the growth of any organisms not destroyed. Similarly the shepherd's pie must be regarded as a "re-heated" dish, and the practice of cooking meat the day before it is used and re-heating it is fraught with danger. The circumstances, however, indicate the gravy as the most likely vehicle of infection and it would appear that the simmering process to which the bones were subjected could not have been adequate to destroy the bacteria which were subsequently able to develop and form toxin while the gravy was being kept warm in the "bains maries".

In addition to these faults in preparation and cooking techniques, inspection of the staff, premises and equipment disclosed a deplorable

failure to observe adequate standards of hygiene and cleanliness, which must be attributed to inadequate supervision of staff. As a result of the management's attention being drawn to this situation, three members of the canteen staff were dismissed and it is hoped that in consequence of this action and other measures taken, no repetition of the trouble will occur.

Acknowledgement is due to the Chief Public Health Inspector and his staff and to the Health Visitors for their work, not only in investigating cases of dysentery and food poisoning, but also in advising both the general public and the food trade in proper preventive measures. To the advisory and health educational work of the public health inspectors in visiting food premises is due a large part of the credit for the fact that outbreaks of food poisoning are relatively uncommon. Thanks are also due to Dr. N. S. Mair, Director of the Public Health Laboratory, for his help and advice in these investigations.

INFECTIOUS HEPATITIS

During 1962, 84 cases of infectious hepatitis amongst school-children were reported by head teachers. This does not represent a complete record of the incidence amongst schoolchildren owing to the non-reporting of cases during school holidays. The cases occurred as follow:

January	..	10	cases	
February	..	5	„	
March	..	8	„	
April	..	4	„	
May	..	3	„	
June	..	5	„	
July	..	5	„	
August	..	—	„	School holiday—no reports
September	..	8	„	
October	..	14	„	
November	..	14	„	
December	..	9	„	

The increased incidence in autumn and winter as compared with spring and summer is typical of epidemics of this disease which tend to be long drawn out.

Cases occurred in 40 separate schools, most of which had only one or two cases. Southfields Infants and Newry Junior were the only exceptions, with eight and six cases respectively. All age groups were affected more or less equally. From the latter part of September, 1962 onwards, all cases notified by schools were visited by a Health Visitor who made

detailed epidemiological enquiries. Corresponding with the cases at Southfields Infants and the Newry Junior a fairly clearly defined group of 20 cases in 11 families in the Southfields Drive area occurred. Apart from these the distribution of cases was widely scattered.

It was not possible to trace any epidemiological pattern or common factor amongst the cases beyond the type of contact which children normally have with their neighbours and schoolmates. There are a number of inherent difficulties in the investigation of outbreaks of infective hepatitis, including a long and variable incubation period (4-6 weeks), a high degree of infectivity in the early part of the disease before jaundice appears, a very large number of mild cases in whom jaundice is absent and diagnosis therefore often missed, but who are none-the-less infectious, and the possibility that cases go through a period of infectivity early in the incubation period, 20-30 days before the onset of illness.

Added to all this in the present outbreak was the very incomplete nature of the information available, since we had knowledge only of cases amongst school children. There must have been many cases amongst adults and pre-school children, knowledge of which might have altered the picture substantially. In order to eliminate this difficulty it was decided to seek powers to have the disease made compulsorily notifiable, and it is hoped that in the future much fuller information will be available. Most of the cases were quite mild and the children were back at school within a week or two. In four cases symptoms of recurrent attacks of nausea and vomiting persisted for several months after the attack and one case, a twelve year old schoolboy, suffered severe, permanent liver damage.

PART III

National Health Service Acts
(SECTION 22)

Care of Mothers and Young Children
STATISTICS

Birth-rate

There were 2,645 male live births and 2,442 female live births, a total of 5,087 live births, giving a birth-rate of 18.67.

Of the total live births (5,087) 505 were illegitimate (295 males and 210 females) giving an illegitimate birth-rate of 9.93 per 100 live births.

Stillbirths

During the year 92 stillbirths were notified. Of these 3 occurred outside the area, and were transferred in. Of the 92 stillbirths 48 were males and 44 females. 84 were legitimate and 8 illegitimate.

From the records of the stillbirths notified during the year, not including the 3 transferred in, the following summary has been compiled.

Place of birth	Condition of Foetus		Malformation of Foetus		Total
	Macerated	Not macerated	Present	Absent	
Home	3	8	—	11	11
Hospital ..	40	38	14	64	78
Totals ..	43	46	14	75	89

Estimated duration of pregnancy in weeks:

	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
Home	—	—	—	—	—	1	—	—	1	—	—	5	—	4	—	—	—
Hospital ..	3	4	2	7	2	4	3	8	8	7	5	9	5	8	2	—	1

Age of mother	Number of Mothers	Number of previous pregnancies										Total
		0	1	2	3	4	5	6	7	8	9	
18	2	1	1	—	—	—	—	—	—	—	—	2
19	2	1	1	—	—	—	—	—	—	—	—	2
20 — 24	25	11	14	—	—	—	—	—	—	—	—	25
25 — 29	21	7	3	6	5	—	—	—	—	—	—	21
30 — 34	17	2	2	2	4	1	1	2	2	—	1	17
35 — 39	15	2	3	2	1	1	3	—	1	1	1	15
40+	7	—	1	2	1	1	1	—	1	—	—	7
Totals	89	24	25	12	11	3	5	2	4	1	2	89

Number of mothers who received ante natal care related to place of delivery:

Place of delivery	Ante-natal care	No ante-natal care	Not known	Total
Home	11	-	-	11
Hospital (booked) ..	38	-	-	38
Hospital (unbooked)	28	9	3	40
Totals ..	77	9	3	89

Duration of Pregnancy in weeks

Presentation ..	29	30	31	32	33	34	35	36	37	38	39	40	41	42	Total
Breech	2	3	2	4	-	1	2	3	-	2	1	1	1	2	24
Brow	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Shoulder	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1

Of these 26 cases, 5 were associated with foetal abnormality. 6 were first pregnancies.

The causes of stillbirths were:

Asphyxia, due to:

1. Antepartum haemorrhage

(a) Placenta praevia	5
(b) Accidental haemorrhage	6
(c) Afibrinogenaemia	2
(d) Cause unknown	6

2. Other forms of placental insufficiency, and toxæmia .. 13

3. Pressure on the cord 7

4. Prolonged and/or difficult labour:

(a) with proved intracranial damage	3
(b) without proved intracranial damage	8

Foetal Abnormality:

(1) with hydramnios	6
(2) without hydramnios	7

Rhesus Incompatibility 6

Intra-uterine death in essential hypertension .. 1

Cause unknown:

(1) Diagnosis of intra-uterine death made

(a) Postmature	5
(b) Not postmature	4

(2) Diagnosis of intra-uterine death not made:

(a) Attended birth	7
(b) Unattended birth	3

Total	89
-------------	----

The unattended stillbirths were all cases occurring in married women, who had received ante-natal care:

1. Three weeks premature in a multipara.
2. Full term in a multipara. Baby found enclosed in unruptured membranes by midwife.
3. Full term in a primipara. Precipitate labour in the bathroom. This lady was booked for hospital confinement.

From an analysis of the stillbirths, the following observations are made:

11 domiciliary confinements resulted in a stillborn child. In 9 of these cases a doctor and a midwife were engaged. In one case the midwife was in sole charge, and the baby was born before she arrived. In one case the patient was booked for hospital confinement, but had a precipitate delivery before the arrival of the midwife.

The estimated duration of pregnancy was 40 weeks and over in 34 cases. In 20 of these the duration of pregnancy was 41 weeks and over, which indicates that of the total number of stillbirths 22.36% were at least one week overdue.

The estimated duration of pregnancy was 36 weeks and under in 34 cases.

Of the 11 cases delivered at home, two were born before term—at 34 and 37 weeks, five were born at term, and four cases were post-mature. All cases delivered at home received ante-natal care.

Infant Mortality Rate. (Registrar General's figures):

Number of deaths in infants under one year	..	118
Corrected number of live births ..	..	5,087
Infant death-rate ..	..	23.20
Local records available relating to 115 deaths.		
Transfers in, three deaths.		

From our local figures, the following summary of 115 infant deaths has been made. No details are available of the three deaths which occurred outside our area and were transferred in.

Place of Death	Ante-Natal Care			Attendance at Infant Welfare Centres. Infants 2 weeks and over		
	Yes	Not Known	No	Yes	Not known	No
Day Nursery ..	1	—	—	1	—	—
Home ..	28	1	1	7	—	15
Hospital ..	74	2	8	15	3	10
Totals ..	103	3	9	23	3	25

65 of the 115 deaths occurred during the first two weeks of life. Therefore 25 of the remaining 50 cases attended an Infant Welfare Clinic.

Place of Death	No. of Deaths	No. of previous pregnancies														Age of Mother			
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	Under 20	20-29	30-39	40-49
Home ..	30	5	10	4	2	4	2	—	—	—	—	2	—	—	1	4	18	7	1
Hospital	84	19	25	11	12	6	2	5	1	3	—	—	—	—	—	11	44	25	4
Day Nursery	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Totals ..	115	24	36	15	14	10	4	5	1	3	—	2	—	—	1	16	62	32	5

Duration of terminal illness :

Under 1 day ..	..	..	50
1-7 days ..	..	..	49
8-14 days ..	..	..	5
15-28 days ..	..	..	9
— 2 months ..	..	..	—
— 3 months ..	..	..	1
— 4 months ..	..	..	—
— 5 months ..	..	..	—
— 6 months ..	..	..	1
Total ..	..	..	115

In 67 cases the onset of the terminal illness was at home. 38 cases were transferred to hospital and died there, 28 cases remained at home and died at home, and one case died suddenly while at a Day Nursery.

In 48 cases the onset of the terminal illness took place in hospital. 46 cases died in hospital, and two after they had been transferred home.

Onset at home and died at home	..	..	28
Onset at home and died in Day Nursery	..	..	1
Onset at home and died in hospital	..	..	38
Onset in hospital and died in hospital	..	..	46
Onset in hospital and died at home	..	..	2

The death which occurred at a Day Nursery was certified as being due to acute Tracheo bronchitis. The infection was presumably a fulminating type as the child appeared to be perfectly well on admission.

The greatest risk was to first and second children, accounting for 60 out of 115 deaths. The largest group of mothers were in their twenties.

During the year 38 infants who were born prematurely died, compared with 52 in 1961.

Congenital abnormalities accounted for 36 deaths in 1962. 15 of these were due to congenital heart disease. eight cases died with hydrocephalus, all but one being associated with a spinal abnormality.

Haemolytic disease of the newborn was responsible for four deaths in 1962.

Of the 115 deaths of which details are available, 39 (33.91%) occurred within 24 hours of birth. 55 (47.82%) occurred within the first week after birth. A total of 72 (66.08%) occurred within the first 28 days of life.

Neo-natal Mortality Rate. (Registrar-General's figures)

The Neo-natal mortality rate is calculated as follows :

$$\frac{\text{Number of deaths under 28 days} \times 1,000}{\text{Total live births}} = \frac{73 \times 1,000}{5,087} = 14.35$$

The rate for 1961 was 18.2 per 1,000

Perinatal Mortality Rate

The Perinatal mortality rate is calculated as follows :

$$\frac{\text{All deaths under 7 days and all Stillbirths} \times 1,000}{\text{Total births, living and stillborn}} = \frac{(57 + 92) \times 1,000}{5,087 + 92} = 28.77$$

The rate for 1961 was 30.55 per 1,000

Maternal Mortality (local figures) :

During 1962 there were three maternal deaths, compared with none in 1961. Two of these took place in hospital, and one at home. The death at home was found to be due to subarachnoid haemorrhage, from a congenital aneurysm.

TABLE 7. City of Leicester

INFANT MORTALITY DURING THE YEAR 1962

Net deaths from stated Causes at various Ages under 1 year of Age
(LOCAL FIGURES)

CAUSE OF DEATH	Under 24 Hours	Under 1 Wk.	1 Week -2 Weeks	15-21 days	22 days -4 Weeks	Total under 1 Month	1 to 3 Mths.	4 to 6 Mths.	7 to 9 Mths.	10 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified ..	39	16	9	6	2	72	23	12	7	1	115
Atelectasis	2	4	-	-	-	6	-	-	-	-	6
Atelectasis with congenital deformity of diaphragm ..	1	-	-	-	-	1	-	-	-	-	1
Multiple congenital abnormality	5	-	-	-	-	5	-	-	-	-	5
Hydrocephalus	-	-	-	-	-	-	1	-	-	-	1
Hydrocephalus with spina bi- fida or meningocele ..	2	1	3	-	-	6	-	1	-	-	7
Anencephalous	-	1	-	-	-	1	-	-	-	-	1
Mongol with jaundice ..	-	-	1	-	-	1	-	-	-	-	1
Congenital heart disease ..	-	2	1	3	1	7	6	2	-	-	15
Congenital bilateral hydro- nephrosis	-	-	-	-	-	-	-	-	1	-	1
Congenital adrenal hyper- plasia	-	-	-	-	-	-	1	-	-	-	1
Fibrocystic disease of pan- creas	-	-	-	-	-	-	-	1	-	-	1
Malrotation of gut ..	-	-	-	1	-	1	-	-	-	-	1
Renal failure. Recto-urethral fistula	-	-	-	1	-	1	-	-	-	-	1
Cardio-respiratory failure Py- loric Stenosis	-	-	-	-	-	-	1	-	-	-	1
Respiratory failure ..	1	-	-	-	-	1	-	-	-	-	1
Asphyxia	3	-	-	-	-	3	-	1	1	-	5
Heart failure	-	2	-	-	-	2	-	-	-	-	2
Intracranial haemorrhage ..	6	2	-	-	-	8	-	-	-	1	9
Broncho-pneumonia ..	1	-	2	-	-	3	2	3	2	-	10
Acute tracheo-bronchitis ..	-	-	-	-	-	-	5	3	1	-	9
Influenzal bronchitis ..	-	-	-	-	-	-	-	1	-	-	1
Interstitial pneumonia ..	-	-	-	1	-	1	-	-	-	-	1
Empyema	-	-	-	-	-	-	1	-	-	-	1
Inhalation of vomit ..	-	-	-	-	-	-	1	-	1	-	2
Meningitis	-	-	-	-	-	-	2	-	-	-	2
Septicaemia	-	-	1	-	-	1	1	-	-	-	2
Enteritis	-	-	-	-	-	-	1	-	1	-	2
Congenital Syphilis ..	1	-	-	-	-	1	-	-	-	-	1
Rh. incompatibility ..	2	1	1	-	-	4	-	-	-	-	4
Fractured cervical vertebrae	-	-	-	-	-	-	1	-	-	-	1
Unascertainable. Infanticide	-	-	-	-	1	1	-	-	-	-	1
Prematurity	15	3	-	-	-	18	-	-	-	-	18

Registrar-General's figures :

Net Births in { legitimate 4,582
the Year { illegitimate, 505

Net Deaths in { legitimate infants, 103
the Year { illegitimate infants, 15

Health Visiting

(Corresponding figures for 1961 are shown)		1962	1961
Number of first visits to children under one year old..		5,301	4,931
„ revisits to children under one year old ..		18,878	17,696
„ visits to children one to five years old ..		31,405	31,124
„ first visits to ante-natal cases		1,608	1,609
„ other visits to ante-natal cases		1,233	1,167
„ visits to tuberculous patients		2,262	2,837
„ visits re Tuberculin test readings and BCG follow-up		146	80
„ visits concerning infants deaths and still-births		95	87
„ visits concerning after-care		900	700
„ visits to diabetic patients		1,592	1,351
„ visits concerning applications for convalescent home accommodation		210	147
„ visits concerning Infectious Diseases ..		247	4,384
„ visits concerning Home Accidents ..		364	
„ visits concerning Problem Families ..		1,512	
„ visits concerning Re-housing		238	
„ other visits		3,026	
„ other visits (no access)		10,710	10,300
		<hr/> 79,727	<hr/> 76,413

Attendances of Health Visitors at Clinics and other Sessions:

	1962	1961
Child Welfare Centres	2,968	2,797
Ante-natal Clinics	748	790
Birth Control Clinics	161	169
School Sessions (including School Clinics)	1,439	1,719
Diphtheria Immunisation and Vaccination Clinics ..	94	53
Hospital Sessions	372	400
Screening Tests and Audiology Clinic	401	423
Post-Natal Clinics	48	*449
Parentcraft Sessions	186	
Mothercraft and Health Education Sessions ..	143	
Others.. .. .	100	
	<hr/> 6,660	<hr/> 6,800

*Including Audiology Clinic

The staffing situation in 1962 was made healthier by the absorption of the six bursary students to the health visitor establishment. There were 28 full-time and eight part-time health visitors and four clinic nurses—two of whom began their health visitor training in September. Seven members of the School Health Service are trained health visitors and undertake general health visiting duties—one of these works on a part-time basis.

This slight increase in staff, together with the allotted car allowances has facilitated better selection of visits and an overall increase in the total visits paid.

The scope of health visiting continues to widen and the many-sided contribution which health visitors can make to the community care service is being recognised nationally and locally. No longer is their work confined to families with young children; the value of follow-up work with patients after discharge from hospitals is becoming more appreciated; visits to old people and group health education in clinics and schools are increasing.

The courses of talks, demonstrations and exercises given to expectant mothers have been extended to the New Parks Centre to meet increased demands; this brings the total in the City to four sessions per week.

The Parentcraft talks in schools continued during 1962, two more Secondary Modern Schools being included.

During the year the health visitors undertook the screening tests for the detection of the condition of Phenylketonuria, a further development in the work of the health visitor to forestall disability by preventive measures.

The decline in the numbers of attendances at ante-natal clinics is an indication of the trend whereby General Practitioners are undertaking more of the ante-natal care of their own patients. The Birth Control Clinic held at Cort Crescent was closed in December, 1962. This was the initial move that was made in an eventual transfer of this work to the Leicester branch of the Family Planning Association; at the end of 1962 the clinic held in 96 New Walk was continuing to function.

The health visitor is being employed more in the highly specialised work for which she is trained i.e. to make a positive contribution to the formation of health and well-being in the community. In addition to the problems associated with a constant movement of population, she must use her skills and expertise to help integrate the immigrant families into the community. Language difficulties are common.

Notes on Infant Care and Weaning have been translated into three Indian Dialects; many of these families have no experience of Western standards of hygiene and mode of life.

This movement of population and the high percentage of both parents working accounts for many no access visits in spite of the health visitor paying evening visits to such households. More evening visits are being paid in order to discuss a family problem with the father.

Joint Circular Ministry of Health, Ministry of Education and Home Office

Health visitors have attended the Case Conferences of the Co-ordinating Committee called by the Designated Officer throughout the year, supplying a full background report and making a valuable contribution to the discussion. They have also attended Case Conferences called by the Children's Officer.

During the academic year 1961/62, lectures and demonstrations were given by members of the Health Visiting Staff in six Senior Girls' Schools. A total of 419 girls received instruction.

In five Senior Girls' Schools 338 girls received instruction but did not sit the examination in Mothercraft set by the National Association for Maternal and Child Welfare. In the remaining school the following were the results. In Mundella Girls' School, 42 girls sat the examination and all of them passed in both the written and practical parts, 14 of them gaining honours.

Courses of Mothercraft instruction were commenced in two more Senior Girls' Schools at the start of the academic year of 1962. In one school the course is to last through the year ending with the examination and in the other school a shortened course is to be completed at each of the three school terms.

More demand is being made by the Senior Girls' Schools but with our inadequate staffing position these requests unfortunately cannot be met.

Deafness in the Pre-School Child

Weekly sessions were held in the clinic at 96 New Walk, Leicester, as in previous years. During the year nine extra sessions were held.

The following is a summary of the work during 1962:

Number of clinic sessions held (ascertainment and training)	..	..	..	..	..	50
Number of new children referred	..	..	..	..	..	42
Number of children who attended during the year	..	..	..	..	..	52
Number of attendances made by children	..	..	..	..	..	255
Average attendance at each clinic	..	..	..	..	..	5.1
Number on register at 1st January, 1962	..	..	..	..	..	10
Number on register at 31st December, 1962	..	..	..	..	..	16

Source of recommendation of New Cases :

Medical Staff of Health Departments	..	..	..	..	5
Ear, Nose and Throat Surgeons	..	..	..	..	10
School Medical Service	..	..	..	..	16
Failed Screening Tests	..	..	..	..	11
					—
Total	..	..	..	..	42
					—

29 children ceased attending the clinic during 1962 for the following reasons:

Number of children found to have normal hearing	..	..	..	..	20
Number of children with some hearing loss attending normal school, wearing a hearing aid	..	..	..	..	5
Number of children with some hearing loss attending normal school, and not wearing a hearing aid	..	..	..	..	2
Transferred to County of Northampton	..	..	..	..	1
No further treatment possible	..	..	..	..	1
					—
Total	..	..	..	..	29
					—

Screening Tests

The following are the details of the 1,705 routine tests carried out during the year:

No. of children tested	..	..	..	..	1,705
Failed 1st test	..	..	..	..	65
Failed 2nd test	..	..	..	..	14
Failed 3rd test (still awaiting 3rd test at end of year=2)	..	..	..	..	5

Of the 65 children who failed their first hearing test 49 passed on the second occasion, one was referred to the Audiology Clinic and one was to have tonsillectomy.

Of the 14 who failed on the second occasion, five passed on the third test, two were referred to the Audiology Clinic without further test and two were still waiting for the third test at the end of the year, a further five children failed a third test and were referred to the Audiology Clinic.

Concerning the eight children referred to the Audiology Clinic during the year, the results were as follows:

Found to be deaf and still attending the clinic	..	5
Still attending the clinic and investigations incomplete	..	2
Found to be deaf, but mentally incapable of benefiting by attendance	.. .. .	1

The ages of the children tested were as follows :

Under 1 year	.. .. .	1,315
12—15 months	.. .. .	161
15—18 months	.. .. .	78
18 months—2 years	.. .. .	72
2—3 years	.. .. .	51
3—4 years	.. .. .	15
4—5 years	.. .. .	13
Total	.. .. .	<u>1,705</u>

The number of specially trained health visitors attached to the Audiology Clinic to undertake diagnostic testing remained unchanged at four.

Handicapped Children

The notification of children suffering from diagnosed or suspected handicap to the Senior Medical Officer for Maternity and Child Welfare remains the same. At the age of two years, each child is notified to the Senior School Medical Officer, so that arrangements for special education can be made when necessary.

The statistics for 1962 are as follow:

Total of registered handicapped children in January, 1962	189
New registrations during 1962	.. .. . 97
Children attaining the age of five years during 1962	.. 20
Children who died during 1962	.. .. . 6
Children who moved from the City during 1962	.. 5
Children reviewed and no longer considered handicapped	.. 7

Of the 286 children on the register during the year, the handicaps were as follow :

Blind and partially sighted	13
Deaf and partially deaf	15
Orthopaedic defects	39
Cardiac abnormalities	49
Congenital abnormalities of C.N.S.	31
Cerebal palsy or spastic	16
Urogenital abnormalities	7
Defects of the alimentary system	14
Defects of the respiratory system	4
Epilepsy	14
Endocrine disorders	6
Miscellaneous	6
Mentally retarded:	
Mongols	30
Cretins	2
Others	40
Total	286

The handicaps of the six children who died were:

Cardiac abnormalities	4
Spina bifida	1
Transverse myelitis	1
Total	6

Mobile Clinic

No change was made in the arrangements for the use of the clinic during 1962.

Ante-natal Clinics

Clinic	No. of Sessions	ATTENDANCES			
		First Visits	Re-Visits	Total	Avg. per Session
Cort Crescent	48	64	295	359	7.48
New Walk, a.m.	49	222	616	838	17.1
p.m.	49	167	484	651	13.29
Causeway Lane	51	88	182	270	5.29
Belgrave Hall	51	230	748	978	19.17
Newby Street	52	177	593	770	14.81
New Parks	52	81	279	360	6.92
Southfields Drive	51	151	456	607	11.9
Stocking Farm*	49	131	526	657	13.48
Humberstone	48	33	114	147	3.07
Valence Road	51	107	315	422	8.27
Totals	551	1,451	4,608	6,059	10.99

*Mobile Clinic

The clinics remained at ten in number during 1962. There was a rise in the number of first visits, an increase of 90. There was a decrease in the number of re-visits of 262, and consequently in the total number of visits.

The continued rise in first visits is largely due to the fact that General Practitioners undertaking the Ante Natal care of their patients, frequently avail themselves of facilities at the clinics for the taking of blood specimens.

Belgrave Hall continued to be the busiest clinic, followed by New Walk, and Newby Street.

Mothercraft and Relaxation Classes

In May, 1962, the demand for Mothercraft classes necessitated the opening of a new class at the New Parks Clinic on a Friday afternoon. After the first class it was decided to change the day to Wednesday. In June, 1962, the Wednesday afternoon class at New Walk was changed to a Monday morning. Since June, 1962, therefore, four classes have been holding regular weekly sessions on Monday mornings and afternoons at New Walk and on Wednesday afternoons at Valence Road and New Parks Clinics.

Details of the classes held to date are:

	New Walk Wed. p.m. Jan. 1962 — June 1962	New Walk Mon. a.m. June 1962 — Jan. 1963	New Walk Monday p.m.	Valence Road Wed. p.m.	New Parks Friday 11 May 1962	New Parks Wed. p.m. June 1962 — Jan. 1963
Number of classes held ..	4	5	9	8	1	5
Number of sessions held ..	23	30*	52*	47	6	28†
Number of patients attending..	44	45	105	59	6	32
Number of attendances made ..	211	273	455	263	33	148
Average attendance per session..	9.2	9.1	8.75	5.6	5.5	5.3

*Sessions held up to and including 28th January, 1963.

†Sessions held up to and including 16th January, 1963.

The Monday afternoon clinic at New Walk was closed for two weeks and the Monday morning clinic at New Walk was closed for one week, while the premises were being re-decorated.

Post-natal Clinic

There is one central clinic held weekly for those patients attended by a midwife only. 13 fewer patients attended than in 1961.

Number of sessions	..	..	..	41
First visits of patients	..	..	..	93
Revisits of patients	..	..	..	23

Patients attend this clinic by appointment and the midwife who attended the patient also goes if her duties will permit her to do so.

Premature Infants

Circular 20/44 of the Ministry of Health, dated 22nd March, 1944

As the Table indicates 281 infants were born in hospital, 92 were born at home and 10 were born in private nursing homes, making a total of 383 born during 1962.

Of the 92 premature infants born at home, 62 remained there and 30 were transferred to hospital. Of the 62 remaining at home, 61 survived to the age of 28 days. Of the 30 born at home and transferred to hospital, two died within 24 hours of birth and 24 survived to the 28th day. Of those born in nursing homes, one was transferred to hospital and all survived to the age of 28 days.

Of the 281 premature infants born in hospital, 25 died within 24 hours of birth and 248 survived to the 28th day.

In 1962 there were 383 premature live and 48 premature stillbirths, compared with 353 premature live births and 43 premature stillbirths in 1961. 37 of the infants weighed 3 lb. 4 oz. or less at birth and 11 of these survived 28 days. The corresponding figures for 1961 were 48 infants, 19 of whom survived 28 days.

PREMATURITY

Number of premature live births notified (as adjusted by transferred notifications):
 (a) In Hospital .. 281. (b) At Home .. 92. Total .. 383
 Number of premature still-births notified (as adjusted by transferred notifications):
 (a) In Hospital .. 46. (b) At Home .. 2. Total .. 48

WEIGHT AT BIRTH	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS		
	Born in Hospital			Born at home and nursed entirely there			Born at home and transferred to Hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to Hospital on or before 28th day		
	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days
(a) 3 lb. 4 oz. or less (1,500 gm. or less)	34	20	11	-	-	-	3	2	-	-	-	-	-	18	1
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500—2,000 gm.)	58	4	51	-	-	-	8	-	8	1	-	1	-	19	1
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000—2,250 gm.)	62	-	61	12	-	12	9	-	8	1	-	1	-	2	-
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250—2,500 gm.)	127	1	125	50	-	49	10	-	8	7	-	7	1	7	-
TOTALS ..	281	25	248	62	-	61	30	2	24	9	-	9	1	46	2

Ophthalmia Neonatorum

There were five cases notified during 1962. All of these cases were City children and they all responded satisfactorily to treatment.

Birth Control Clinic

There are two weekly sessions, one at a central clinic and one on an outlying estate.

The following figures refer to the work done at both clinics during the year 1962 :

	<i>City</i>	<i>County</i>	<i>Total</i>
Number of patients who sought advice ..	125	20	145
Number of patients who were accepted for advice	123	20	143
Number of patients who were not accepted for advice	2	—	2

Concerning the 143 women accepted for advice, the following are the medical reasons for which advice was given :

	<i>City</i>	<i>County</i>	<i>Total</i>
Husband:			
Mental Illness	2	—	2
Pulmonary Tuberculosis	1	—	1
Children:			
Muscular Dystrophy	—	1	1
Congenital Deformity	1	—	1
Patient:			
General Debility	25	3	28
Nervous Debility	8	—	8
Heart Disease	1	—	1
Toxaemia of Pregnancy	5	1	6
Multiparity	11	3	14
Obstetric Complications	9	—	9
Anaemia	1	—	1
Rh. Negative	1	1	2
Diabetes	—	1	1
Various other conditions	58	10	68

Cases in which advice was not given :

Advice was not given to two City patients. In one case no medical reason was found, in the other case the hours of the Family Planning Clinic were more suitable and the patient was referred to them.

Child Welfare Centres

			1962	1961
No. of Child Welfare Centres	..		27	27
Number of medical sessions held each week			27	27
Number of sessions held	..	..	1,354	1,347
Total attendances of mothers	..	..	52,319	50,997
Total attendances of Children:				
Under 1 year old	..	..	46,269	45,647
Over 1 year old	..	..	18,741	16,839
Total attendances			65,010	62,486
First visits of Children:				
Under 1 year old	..	..	4,379	4,039
Over 1 year old	..	..	402	441
Total			4,781	4,480
Number of sessions at which a doctor				
was present	..	..	1,324	1,274
Number of children seen by a doctor	..		23,986	19,823

There was no change in Child Welfare sessions during 1962. There was, however, an increase in attendance of mothers and children during the year.

The average number of children seen by a doctor at each session was 18.12.

Health Visitors and Health Visitor Students continue to undertake health education in clinics and when possible films have also been shown.

Once again the department is deeply indebted to voluntary workers, including the W.V.S. at the Child Welfare Clinics for their hard work and devoted service.

Welfare Foods

The arrangements for distributing these foods at each Child Welfare Centre and the central depot at 96 New Walk continued unchanged during 1962.

Full-time staff of the Health Department is employed at 96 New Walk which undertakes distribution daily, including Saturday mornings.

The Child Welfare Clinics are staffed by voluntary workers—Women's Voluntary Service members and others and welfare foods are

obtainable at the weekly clinic sessions. Our thanks are due to all these voluntary workers for the excellent way in which they have undertaken this work.

During 1962, the following welfare foods were distributed :

Main Distribution Centre			
	96 New Walk	Clinics	Total
Orange Juice (bottles) ..	9,956	37,528	47,484
National Dried Milk (tins) ..	12,237	35,904	48,141
Cod Liver Oil (bottles) ..	847	5,122	5,969
Vitamin Tablets (packets) ..	1,812	5,087	6,899
			<hr/> 108,493 items <hr/>

1962 is, of course, the first complete year which can be compared to show the effect of the increased Welfare Foods prices from 1st June, 1961. It is interesting to note a decrease in sales by 102,919 items or over 48% since 1st January, 1960.

Promotion of Cleanliness and Good Habits and the Elimination of Verminous Conditions (Circular 2831 of the Ministry of Health dated July, 1943)

The method and classification remain unchanged.

The number of children under five years of age known to the Department to be persistently verminous during 1962 was eight.

Method of Cleansing

The cleansing of young children is sometimes undertaken at home by the parents but more usually by the staff at the Cleansing Centre, Elbow Lane. The home premises are dealt with by the staff of the Public Health Inspection Department.

Treatment at Minor Ailments Clinics

Where necessary children under school age are referred for the treatment of minor ailments to one of the Minor Ailments Clinics in the City administered and staffed by the School Health Service.

Artificial Sunlight

The number of children referred to the clinic was 24 compared with 22 for the previous year.

The number of children who completed treatment was as follows :

			Good Results		Fair or unchanged		Total
			Boys	Girls	Boys	Girls	
Debility	..	..	1	—	—	—	1
Slow progress	..	..	2	2	—	—	4
Upper respiratory catarrh			3	—	—	—	3
Bronchitis	..	..	1	1	—	—	2
Underweight	..	..	—	1	—	—	1
Asthma	..	..	1	—	—	—	1
Anæmia	..	..	1	1	—	—	2
			—	—	—	—	—
Totals	..	..	9	5	—	—	14
			—	—	—	—	—

Other Clinics

There were four children under five years of age treated at the Aural Clinic, 135 at the Eye Clinic, 217 at the Skin and Minor Ailments Clinics and 107 at the Orthopaedic Clinic.

Day Nurseries

The details of the provision and attendances at each nursery are as follow :

<i>Day Nursery</i>		<i>Places</i>	<i>Attendances</i>	<i>Daily Average</i>
St. Martin's	..	60	10,791	44.23
Cossington Street	..	60	11,545	47.32
Fosse Road	..	45	8,962	36.73
Fairway	..	40	5,303	21.73
New Walk	..	35	6,980	28.61
*College Street	..	45	3,228	36.68
†Belgrave House	..	60	2,817	27.35
‡Bedford Street	..	50	3,348	36.00
Sparkenhoe Street	..	50	10,864	44.52
Frank Street	..	50	10,846	44.45

*Closed week ending 5th May, 1962.

†Closed week ending 26th May, 1962.

‡Closed week ending 12th May, 1962.

Number of children on the register at end of year	..	339
Number of approved places	..	340
Average attendances in 1962 (on seven nurseries)	..	267.59

On 26th March, 1962, the charge per child was raised from 6/- to 10/- per day, making a weekly charge of £2 10s. 0d. There was a consequent lowering of demand for places, except where assessment was beneficial.

Further, as a measure of economy, three day nurseries were closed—College Street on 5th May, 1962; Bedford Street on 12th May, 1962, and Belgrave House on 26th May, 1962. With the consequent easing of demand for places, due to the increased charge, requests for transfers to other nurseries from the three nurseries which were closed were satisfactorily met. The number of places available in day nurseries in the City as a whole is now 340, as against 495 in 1961.

The incidence of infectious diseases showed an overall figure of 217 cases, measles making the largest contribution of 92, showing a decrease on the figure of 109 for the previous year. There were isolated cases of dysentery, totalling 23. Chicken-pox cases remained at 37, but mumps increased slightly from 21 to 28 cases. German measles dropped from 45 to 28 cases.

The high standard of immunisation was maintained at almost 100% against Diphtheria, Whooping cough and Tetanus, only one objection being raised on religious grounds.

Nurseries and Child Minders Regulation Act, 1948

During the year a married couple applied for registration of their premises, to receive a maximum of 10 children, between the ages of 2-5 years, and four other persons were registered to receive 19 children.

Two registrations were cancelled during the year.

At the end of the year 23 persons were registered, receiving a maximum of 131 children, added to which the newly registered premises received a further 10 children.

Illegitimate Births

During the course of the year there were 505 illegitimate births. Of these, a very small number occurred in girls who were still at school. A slightly increased number occurred in young teenagers under the age of 17.

In view of the amount of adverse publicity that has been directed at teenagers, it was considered worthwhile to look at the facts.

From the records of the Maternity and Child Welfare Department, the Moral Welfare Association, and other sources, it has been possible to obtain a fairly accurate estimate of the situation in Leicester in regard to illegitimate births. The picture may not be entirely complete, however, due to the fact that some parents may make private arrangements for their daughters to have their confinement in another district and giving an address in another area.

When the incidence of illegitimate births is related to the estimated population "at risk", the so-called "problem" is reduced to a more reasonable perspective.

Table A

This shows the incidence per 1,000 girls according to age for 1961-62.

	1961				1962			
	<15	<16	<17	17-21	<15	<16	<17	17-21
Estimated number of girls at risk..	2,200	2,400	2,000	10,000	2,200	2,200	2,400	10,000
Known illegitimate pregnancies..	2	5	12	95	2	4	7	128
Incidence Rate per 1,000 ..	1	2	6	9	1	2	3	12

A further analysis of the figures obtained revealed that a higher incidence of illegitimate births occurred amongst Secondary Modern girls compared with those girls who were educated at Grammar Schools. This is shown in Table B.

Table B

	Secondary Modern				Grammar School			
	*Unmarried mothers 1959 1960 1961 1962				*Putative fathers 1959 1960 1961 1962			
Under 14 ..	-	-	-	-	-	-	-	-
Under 15 ..	2	2	2	5	-	-	1	1
Under 16 ..	-	-	-	-	-	-	-	-
Under 17 ..	-	-	1	-	1	3	5	6

*Cases known to Local Education Authority as having left school due to pregnancy.

*Fathers known to Moral Welfare Association.

Promiscuity

It must be remembered that the figures for pregnancy are not necessarily a reflection of the amount of promiscuity in the area. Miscarriages, contraception and criminal abortion all play a part in preventing the true situation coming to light. Certainly after the age of 17 the number of illegitimate pregnancies increases more markedly.

Comparison with other Cities

Comparison of the percentage of illegitimate with total live births in six comparable Cities is shown in Figure I. It is not suggested that in each area concerned entirely identical influences are at work, but it does appear that in Leicester and Nottingham the trends are similar.

ILLEGITIMATE LIVE BIRTHS PER CENT OF TOTAL LIVE BIRTHS
IN SIX COMPARABLE CITIES

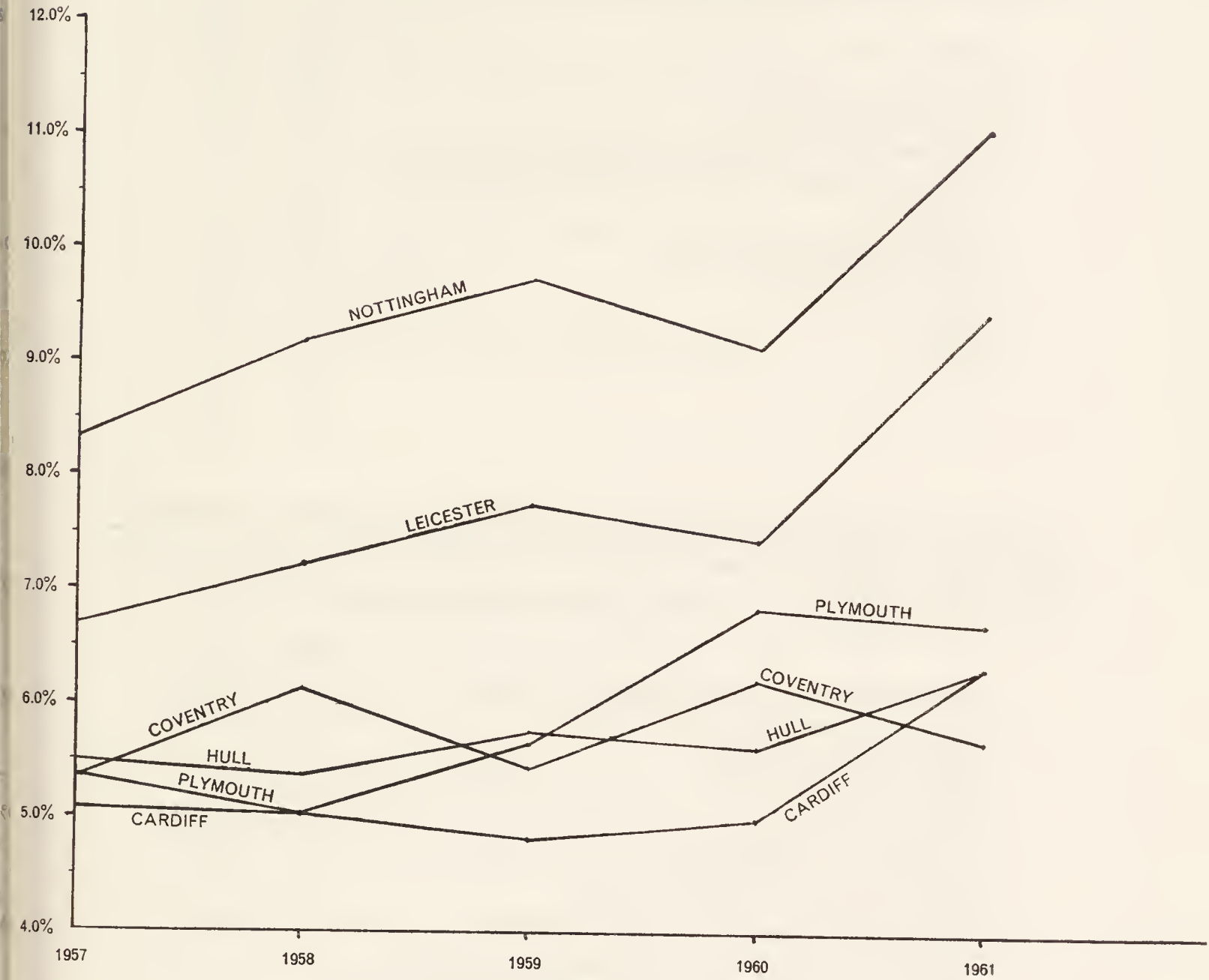


FIGURE 1.

The Care of Illegitimate Children

Circular 2866 of the Ministry of Health, dated October, 1943

In accordance with the provisions of the above Circular, a scheme has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Analysis of work done during 1962 is as follows:

	1962	1961
Total number of cases referred	197	227
Brought forward from 1961	56	49
Matrimonial, family and personal problems dealt with	27	16
Cases of older children	44	46
Total cases	324	338

Sources of reference (new cases only) :

	1962	1961
Health Visitors and Clinics	43	50
Doctors	49	62
Almoners and Matrons	34	39
Statutory and Voluntary Social Work Agencies ..	31	36
National Council for the Unmarried Mother and her child	13	7
Clergy and Church Workers	13	6
Personal applications	10	27
Police	3	—
Solicitor	1	—
	<hr/> 197	<hr/> 227

Apart from advice and guidance on questions of adoption, affiliation, matrimonial difficulties and personal problems, some applicants have been given specific help in the manner indicated below :

	1962	1961
By admission to voluntary homes or hostels ..	31	22
Provision of clothing, cots, etc.	43	37
Mother found lodgings	4	5
Mother and baby found lodgings	4	—
Finding foster homes	28	27
By finding work for mother	2	3
Helping to obtain affiliation orders	3	4
Helping to arrange private legal agreement ..	—	4
Obtaining financial help from Voluntary Societies	8	11
Obtaining a place in a residential nursery (not Local Authority)	2	1
Grants administered	18	—
Payments collected	22	—
Obtaining residential posts	1	—

The fees paid to the Homes and Hostels were made up as follows :

Paid for by:	1962	1961
City Health Department only	3	1
City Health Department and National Assistance Board	1	—
City Health Department and mother's insurance..	3	4
Health Department of other area, putative father and mother's insurance	1	1
Mother's parents or other relations and mother's insurance	3	5
Putative father and mother's insurance	3	2
Mother's savings and insurance	3	4
Mother's parents, putative father and insurance..	1	1
Mother's parents and putative father	—	2
Putative father only	2	1

Paid for by:	1962	1961
Children's Department only	—	1
Mother's insurance only	1	—
City Health Department, parents and mother's insurance	2	—
City Health Department, mother's savings and insurance	5	—
City Health Department, putative father and mother's insurance	1	—
Mother's parents	1	—
City Health Department and sickness benefit ..	1	—
	—	—
	31	22
	—	—

Position with regard to children at the end of the year :

	1962	1961
Living with unmarried mother in her parent's home	35	37
Living with unmarried mother in lodgings ..	23	25
Living with unmarried mother in her own home ..	13	11
Living with mother married to putative father ..	14	3
Living with mother cohabiting	9	8
Living with mother with relations	5	2
Living with mother married but not to putative father	2	—
Living with mother in residential post	2	—

Mother responsible for and has access to the child:

(a) Living with foster parents	12	10
(b) Adopted or placed for adoption	48	18

Advised and helped:

Mother and child removed to another area ..	10	9
Referred to other agency	15	19
Baby died	2	1
Baby stillborn	1	—
Miscarriages and abortions	4	6

Cases still in hand:

In care of local authority with or without mother ..	9	8
In voluntary home or in hospital with mother ..	12	3
As yet unborn	73	56
Contact not maintained by mother	24	11
	—	—
	313	227
	—	—

Adoption of Children

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County under the name of the Leicester and Leicestershire Adoption Society.

Details of the work of the Society during 1962 are as follows:

Prospective Adopters

Applications accepted	..	..	..	..	146
Applications refused	..	..	..	..	42
Applications under consideration	..	..	..	..	75
Applications referred elsewhere	..	..	..	..	90
					<hr/>
					353
					<hr/>
Adopters accepted	..	..	..	..	146

Children Offered for Adoption

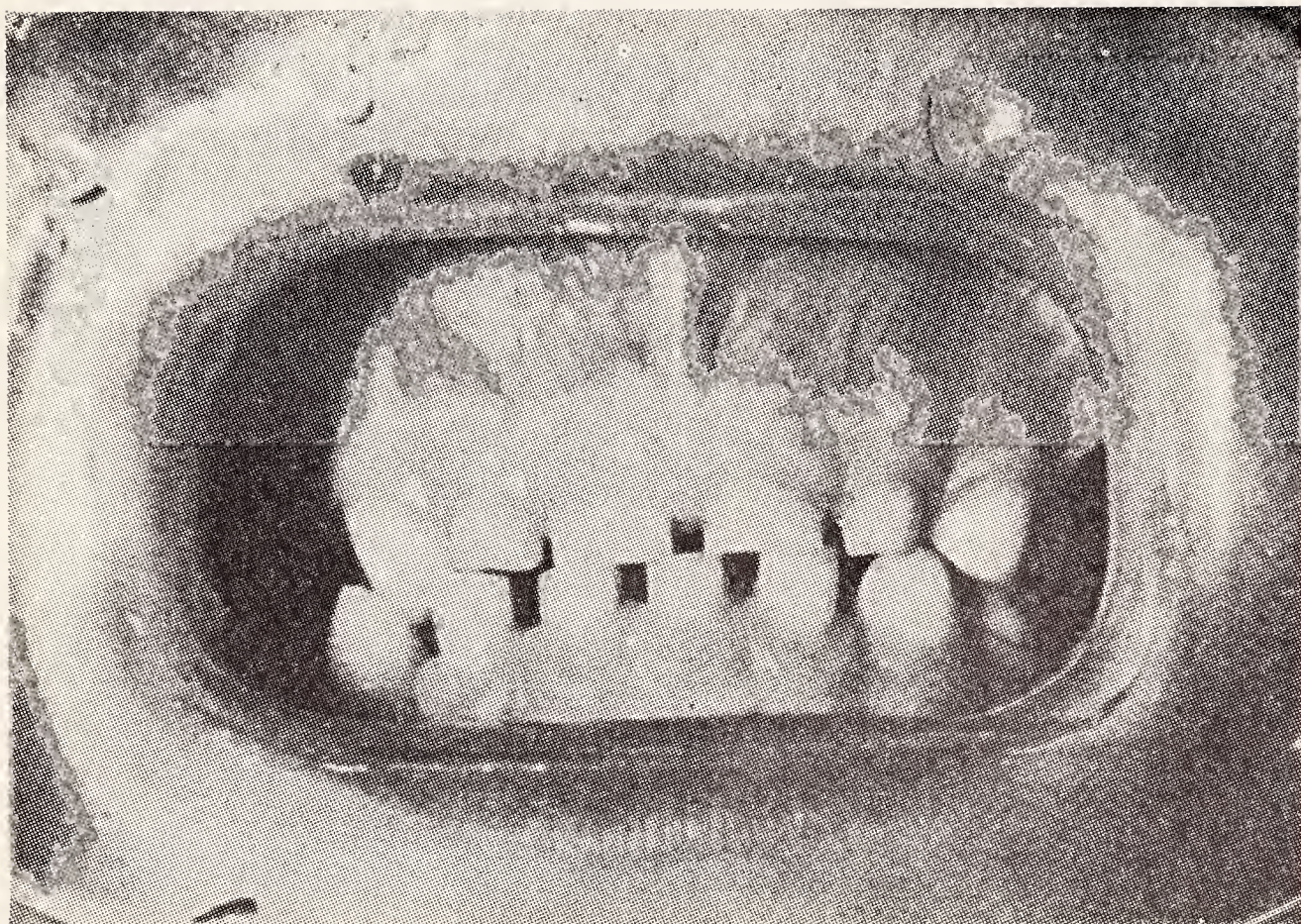
Accepted	..	..	..	..	132
Not accepted	..	..	..	..	4
Number withdrawn before placing	..	..	..	..	13
Number withdrawn after placing	..	..	..	..	7

Children placed for adoption

In Leicester City	..	..	..	..	29
In Leicestershire	..	..	..	..	27
In Northants and Rutland	..	..	..	..	23
In other areas	..	..	..	..	26

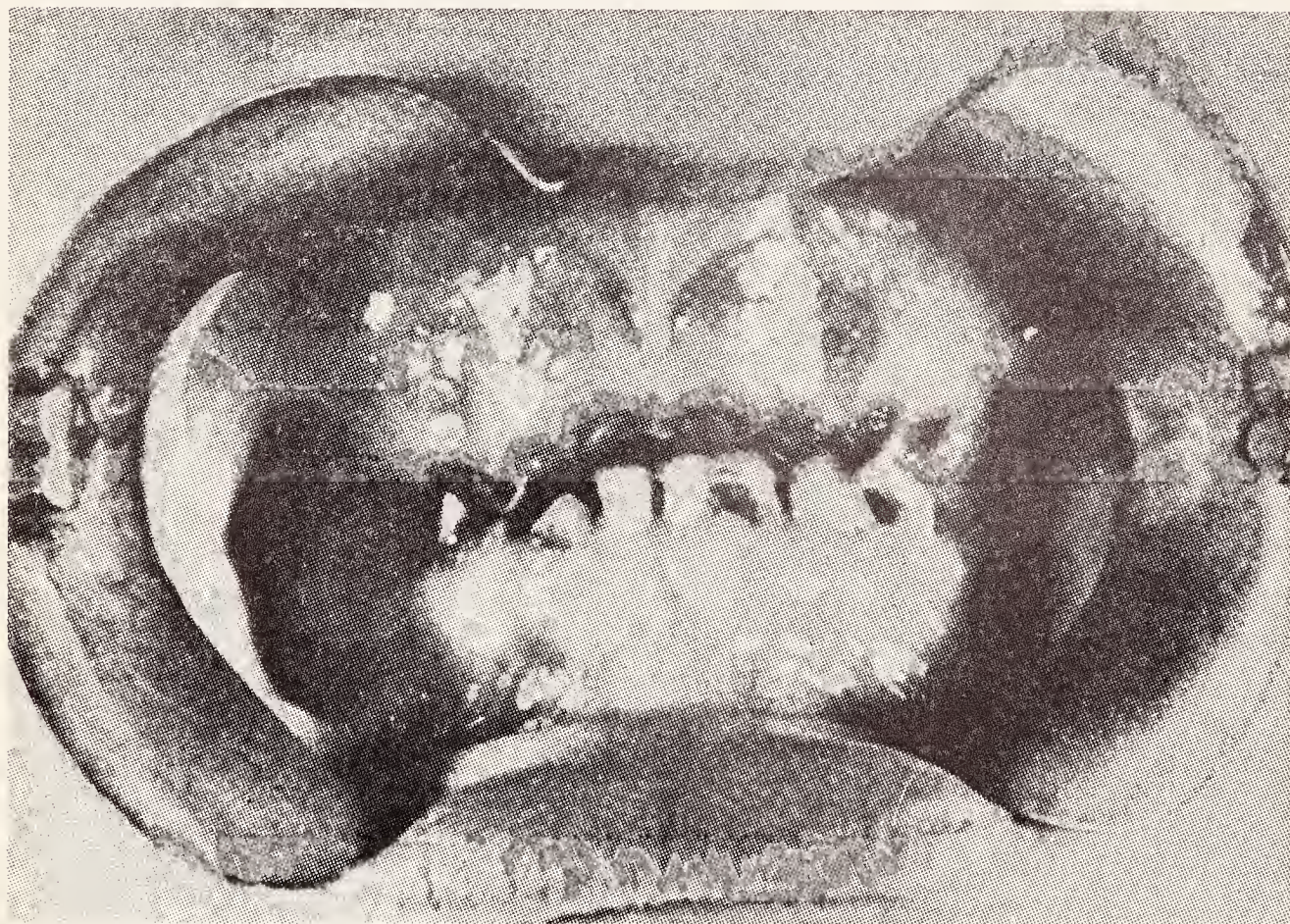
Constitution of Adopting Families

No children	..	..	..	..	..	59
One adopted child	..	..	..	..	..	34
One natural child	..	..	..	..	..	7
Two adopted children	..	..	..	..	..	2
One natural and one adopted child	..	..	..	..	..	1
Two natural children	..	..	..	..	..	1
Two natural and one adopted children	..	..	..	..	..	1
						<hr/>
						105
						<hr/>



At 4 years of age only 1 child in 4 is free from tooth decay.

FIGURE 1. All teeth sound and well spaced.



At 4 years 1 child in 5 has 10 or more decayed teeth.

FIGURE 2. Teeth destroyed by sweetened dummies, soft and sticky foods and sweets.

DENTAL REPORT 1962

by

E. T. CUNNELL, B.D.S.

Principal Dental Officer

The Local Authority dental service provides free treatment for school children, pre-school children, including those at Day Nurseries, expectant and nursing mothers and, to a limited extent, for the Emily Fortey School. This report deals specifically with treatment carried out for the Maternity and Child Welfare service.

Staff. The staffing strength as far as the Maternity and Child Welfare Service is concerned remains the same, i.e. approximately one quarter of the authorised establishment, but it is hoped that in 1963 the time devoted to the patients in this priority class will increase by 25%. It is proposed to hold one session per week at the New Parks Clinic, and it is expected that the population of this area will benefit greatly as a result of this decision.

General Observations. The demand for treatment by the expectant and nursing mothers has increased slightly this year, but it is perhaps an indictment of our dental health propaganda that 67 of the 205 patients who needed treatment required dentures. What is even more distressing, however, is that of 286 pre-school children examined, 167 (58.4%) had decayed teeth and of these 126 (75.4%) had extractions under a general anaesthetic. This means, of course, that their teeth were too severely decayed to be conserved and they must, therefore, suffer the loss of chewing power now and also prejudice the correct function of their permanent teeth. This state of affairs should not be allowed to continue, but it is difficult to effect an improvement as long as parents ignore the simple rules of dental health. Certainly more staff will help, but more assistance is required from the parents, and until this is forthcoming too many children will be introduced to the dental surgeon for the purpose of extracting teeth which ought to have been saved.

The photographs included in the report are intended to compare the difference between what the teeth of a four year old child should be like, and what in actual fact dental caries can do. It is not suggested that the majority of teeth are so appallingly decayed as those illustrated, but that any teeth should be allowed to reach this state is wrong. The Health Committee will be presented with the opportunity of deciding

to add fluoride to the City's water supply early in 1963 and it may be as well to bear in mind the comparison between these two mouths shown when a recommendation is made to the City Council.

In conclusion may I tender my thanks to the Medical Officer of Health, his medical colleagues and the Health Visitors for their support and co-operation during the last year.

MATERNITY AND CHILD WELFARE SERVICE, 1962

(a) Numbers provided with Dental Care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	228	205	190	144
{ Day Nurseries	151	42	28	25
Children under 5 { Others ..	135	125	115	116
Total ..	286	167	143	141

(b) Forms of Dental Treatment provided :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided			Radio-graphs
							Full Upper or Lower	Partial Upper or Lower		
Expectant and Nursing Mothers	50	108	—	—	826	88	69	46		7
{ Day Nurseries	—	43	—	—	19	8	—	—		—
Children under 5 { Others ..	—	3	—	—	315	118	—	—		1
Total ..	—	46	—	—	334	126	—	—		1

CO-ORDINATION OF FAMILY CARE

CHILDREN NEGLECTED OR ILL-TREATED

IN THEIR OWN HOMES

The arrangement whereby the Medical Officer of Health acts as Co-ordinating Officer under the terms of the Joint Circular of the Home Office, Ministry of Health and Ministry of Education, dated July 31st, 1950, continued in 1962, and the work, as previously, was closely linked with that undertaken in the prevention of eviction and family break-up described in the next section.

It is a pleasure to note that the reduction in the number of case conferences required which was noted in 1961, when there were 8 conferences, as compared with 24 in 1960, was maintained in 1962 when again 8 conferences were necessary, involving 8 families. Six of the eight families were discussed for the first time, the other two had each been the subject of a previous conference.

The families had respectively 3, 5, 3, 9, 3, 7, 6, and 5 children, a total of 41.

As in previous years, the request for a case conference came from a variety of agencies:

Health Visitors ..	..	..	5
Home Help Section ..	..	..	1
N.S.P.C.C. ..	..	..	1
Psychiatric Social Worker ..	..	..	1
			—
Total ..	..	..	8
			—

One of the cases first came to the notice of the Department as a result of a Police Report in June, 1962, and it is regrettable that despite intensive efforts to secure an improvement in the mother's standards of family care and general conduct, she was ultimately prosecuted and imprisoned for neglecting the children, who were taken into the care of the local authority.

These figures represent only a fraction of the work done by the various agencies involved in attempting to help these families, and whose activities are co-ordinated by the Medical Officer of Health in his capacity as Co-ordinating Officer. It will be a sufficient illustration of this to point out that during the year the Health Visitors had 337 families under observation as problem or incipient problem families.

Quick results and dramatic changes are not to be anticipated in work of this kind and it is often necessary to expend enormous effort to bring family standards up to the minimum acceptable level and to maintain them there.

The many bodies and their workers involved, both statutory and voluntary, include the National Assistance Board, the Charity Organisation Society, the N.S.P.C.C., the Housing Department, the Children's Department, the School Attendance and Welfare Department, the School Health Service, the Health Visiting Service and the Home Help Service. Their patience, energy, enthusiasm and tact cannot be too highly praised.

PREVENTION OF BREAK-UP OF FAMILIES AND ACTION TO DEAL WITH RENT ARREARS

Work continued during the year on the lines laid down in the Ministry of Health Circular 27/54 and is, of course, very closely associated with the work described in the previous section of this report dealing with the care of Children Neglected or Ill-treated in Their Own Homes. Indeed, the distinction is really an artificial one since the inability to maintain regular payments of rent and the consequent danger of eviction and family disintegration is only one symptom of the general social inadequacy which characterises these families. The causes of such inadequacy are complex, and wilful neglect is only one, and probably not the most important and frequent of them. They include ignorance, carelessness and irresponsibility, often due to extremely low intelligence or subnormality, chronic ill-health or physical disability leading to long spells of unemployment if it is the father who is affected, or, in the case of the mother, complete inability to cope with the management of a family of several young children. In many cases owing to the low wages which the father is able to earn, and the size of the family, there is a chronic shortage of money in the household, the income not infrequently dropping below the National Assistance Board's Subsistence Scales. Should such a family have to apply for National Assistance owing to illness or unemployment, the Assistance Board, as a matter of National Policy, may apply a "wage stop", restricting its payment to what the father is deemed capable of earning—even if this, as not uncommonly happens, means deliberately maintaining a family below subsistence level.

In 1962, 9 case conferences were held to discuss these families. The continued reduction in the number of conferences from 25 in 1960 and 19 in 1961 reflects some improvement in the general position, but is partly due to the policy of calling formal case conferences only when absolutely necessary, and carrying out as much of the work as possible by informal discussion with the agencies directly involved.

Of the 9 families dealt with, 6 were discussed for the first time in 1962, the other 3 had been known to the Co-ordinating Committee for periods of 3-4 years.

A total of 60 children were involved in the 9 families, and the maintenance of family stability for these children, is of course, the object and reward of the work undertaken.

As in the foregoing section of this report, it is a pleasure to pay tribute to the officers of the various agencies concerned, and especially to the Housing Department officials for their forbearance in doing everything possible to avoid eviction.

National Health Service Acts
(SECTION 23)

Midwifery

Midwives

During 1962, 131 midwives notified their intention to practise. Of these 34 were municipal midwives, eight were in independent practice—seven in Registered Nursing Homes and one in domiciliary practice—and the remaining 89 were practising in maternity hospitals.

THE MUNICIPAL MIDWIFERY SERVICE SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	Cases Attended	Gas and Air administered	Pethidine administered	VISITS		
				Ante-natal	Post-natal	Total
1A	317	259	215	2,615	4,694	7,309
1B	291	261	126	2,514	4,060	6,574
2C	233	202	103	2,777	4,218	6,995
2D	367	334	224	3,583	6,157	9,740
3E	324	258	154	1,972	5,577	7,549
3F	404	336	284	3,820	7,012	10,832
Part-time and Relief	143	132	91	702	3,435	4,137
Totals	2,079	1,782	1,197	17,983	35,153	53,136

Area 1A. Stoneygate, Central, Clarendon Park, Knighton, Aylestone, Southfields, Saffron Lane.

Area 1B. Braunstone, Narborough Road, Westcotes.

Area 2C. Braunstone Frith, New Parks Estate.

Area 2D. Stocking Farm, Mowmacre, Abbey Lane, Loughborough Road, Birstall, Humberstone, Gipsy Lane, Catherine Street.

Area 3E. Northfields, Scraptoft, North Evington, Thurnby Lodge, Goodwood.

Area 3F. Highfields, Crown Hills, Evington, Belgrave Gate, St. Matthews Estate.

Although in January, 1962, the staff was again below the establishment of 28 midwives, there was a gradual increase during the year until there was only one vacancy in December. One full time midwife commenced duty in January, 1962, thus bringing the establishment up to 23 full time midwives, four part-time midwives and one part-time maternity nurse. During the year three full-time midwives resigned, one becoming a part-time midwife. Four full-time midwives and one part-time midwife were appointed so that by December, 1962, the nett establishment was 24 full-time midwives, six part-time midwives and one part-time maternity nurse.

The midwives have continued to do more work than they did in 1961. The number of deliveries have increased and the early hospital discharges have almost doubled their numbers. In spite of this they have continued to give willing service and co-operation which has been much appreciated.

The modified night rota system continues to work satisfactorily. From January, 1962, the annual leave was increased to six weeks.

Midwives and General Practitioner/Obstetricians

The following figures indicate the distribution of the work between midwives and doctors in relation to the 2,075 deliveries attended by midwives in the area during 1962:

Deliveries attended by a midwife :

(a) (i) When a doctor was not booked but was present at time of delivery	9
(ii) When a doctor was not booked and was not present at time of delivery	181
(b) (i) When a doctor was booked and was present at time of delivery	281
(ii) When a doctor was booked and was not present at time of delivery	1,604
Total	<hr/> 2,075 <hr/>

Patients confined in Hospitals

The scheme of notification to the Health Department of patients discharged from hospital has continued as before. These patients were visited by midwives until the tenth day of the puerperium had elapsed and thereafter a health visitor for the area undertook the care of the mother and baby.

Owing to an acute shortage of hospital beds which necessitates a more rapid turnover of patients, 1,275 patients were discharged to the care of midwives before the tenth day, almost twice the number of patients who were discharged early last year.

Flying Squad

Midwives act on their own initiative in an emergency and the facilities were used once by a midwife alone, eleven times by general practitioners. Blood transfusions were given to six patients, of these patients one was transferred to hospital, five remained at home. One patient did not have a blood transfusion and was transferred to hospital, two did not have a transfusion and remained at home; three received plasma and of these two were transferred to hospital and one remained at home.

Breast Milk Bank

12 patients of municipal midwives donated milk to the Breast Milk Bank at the Leicester Royal Infirmary Maternity Hospital, Causeway Lane.

Patients transferred to the Home Nursing Service

It is the custom to transfer maternity nursing of cases in which either the mother or the baby has an infection to the Home Nursing Service. During 1962, 64 such cases were transferred which involved 555 visits.

National Health Service Acts

(SECTION 24)

Health Visiting

Health Visiting and the School Health Service

The co-ordination of these two services continues. The shortage of trained health visitors has made it inevitable that a number of the School Health Service are not trained health visitors and consequently they cannot undertake combined duties.

The Health Visitor Training School

The Health Visitor Training School continues to fulfil its role of providing trained staff for the Health Visiting Service in the City and it remains the main source of recruitment. From July, 1948, to August, 1962, 339 students have successfully passed the Royal Society of Health examination. 117 of these were bursary students who undertake an 18 months' contract of service after qualification.

In September, 1961, the first course of one academic year's duration commenced; the course content and application was recast to meet the approval of the Royal Society of Health; the psychological and sociological content was increased, so preparing the future health visitor more adequately for her steadily extending duties in the promotion of mental as well as physical health and the giving of social advice.

This extended course facilitated closer correlation of the theoretical and practical work; more tutorials and assignment methods were included in the course and more individual tuition was achieved. This is most valuable when teaching such a group of adult students. 26 were recruited for this course. Two students discontinued their training; 24 candidates were presented for the examination. 20 were successful and the remainder were successful at their second attempt.

During the year two observers from the Ministry of Health visited the school to study the organisation and content of the course. A favourable report was received following their visit.

Miss D. Bailey, S.R.N., S.C.M., Q.N., H.V., H.V. Tutor's Certificate, was appointed to the tutorial staff and commenced her duties in September, 1962.

In September the siting of the course was changed to the new Vaughan College. The extra classroom accommodation and library

facilities are much appreciated by students, tutors and visiting lecturers. The students are benefiting from the contact with students of other disciplines.

Additional Educational Activities

The Health Visitor Tutors have continued to carry out the teaching of the Social Aspects of Disease to student nurses and have participated in the lecture programme of student Queen's Nurses and student Speech Therapists.

Lectures have also been given to school children and youth groups.

During the year they have co-ordinated the Health Education Programme undertaken by the staff of the Health Department and have taken an active part in in-service training.

National Health Service Acts

(SECTION 25)

Home Nursing Service

During the year, progress in the co-ordination of the domiciliary services has continued, employment of auxiliary nursing staff for bed-bathing long term patients increased, and in the latter part of the year the service extended to cover the twenty-four hours.

Co-ordination of Domiciliary Services

In the four years 1958-1962 definite progress has been made in co-ordinating the services in the three nursing centres and this year it was possible to provide office accommodation for the Central Home Help Service at Central, 96 New Walk. The following services now operate from the three bases.

Central Centre, 96 New Walk

Home Nursing Service, Home Help Service, Ante and Post Natal and Child Welfare Clinics, Welfare Foods Depot.

West End Centre, 62/68 Valence Road

Home Nursing Service, Health Visiting Service, Home Help Service, Ante and Post Natal, Child Welfare, Speech Therapy and Chiropody Clinics.

Belgrave Centre, 129 Loughborough Road

Home Nursing Service, Health Visiting Service, Home Help Service, Chiropody Clinic.

These arrangements allow for close co-operation within the Public Health team by personal contact resulting in a clearer understanding of each service's responsibilities, also the accommodation at the nursing centres is being utilized to the best advantage.

During the year we have been pleased to welcome the visit of the Health Visitor students and express our gratitude to the Health Visiting Service for their assistance, particularly in relation to the diabetic, maternity and problem cases, also the Home Help Service for their valuable assistance in the care and welfare of the sick and aged.

Once again I would like to express appreciation and thanks to the Maternity and Child Welfare Department, the School Health Service,

and the Emily Fortey School for arranging interesting and instructive visits for the District Nursing students.

Auxiliary Nursing Staff

For some time the nature of the cases nursed has been changing and is now of a heavier nature, resulting in an increasing pressure of work on the trained staff. A large number of these cases are in the older age group, being of a chronic nature and long term, requiring weekly bathing and supervision. The bathing of patients is one major duty which can well be undertaken by less qualified personnel, provided the trained nurse visits weekly for the purpose of supervision.

To relieve the pressure of work on the trained staff, the number of auxiliaries employed on a part-time basis was increased from two to six. They work approximately 30 hours and do an average of 200 bed baths weekly, the trained nurse visiting weekly to check on the patient's condition and social requirements. Before commencing bed bathing duties the auxiliary is given an in-service training of two weeks.

Night Visiting Service

During the past few years observations were made regarding the need for an extension of the service to cover the 24 hours.

It was discovered that many patients in the older age group either lived alone, were dependent on an aged partner, or were awaiting hospitalization, and it was felt that these patients especially would benefit from extra nursing visits during the night.

Therefore, in the late autumn it was found possible to recruit staff for night duty and to inaugurate a Night Visiting Service on 3rd December, 1962.

Staff Employed

Full-time: Two Queen's Nursing Sisters
One State Enrolled Nurse

Part-time: One State Registered Nurse
Two State Enrolled Nurses

Hours of Service:

10 p.m. to 7 a.m. nightly

Nursing cases are referred chiefly from the Nursing Centres, with a few requests from the general practitioners.

Classification of Cases

Cerebral, cardiac, respiratory, renal, senility with incontinence, and cancer.

General nursing care was given to patients in all the above groups, also injection therapy for the purpose of sedation, and penicillin injections for acute respiratory illnesses.

The staff engaged for the service have in-service experience of two weeks before commencing night duty. This is for the purpose of introduction to the patient and to enable them to gain knowledge of the geographical position.

During the first two weeks, owing to adverse weather conditions, it was necessary to keep the night visits down to a minimum. At the end of the year each nurse was attending four patients nightly. A few very ill patients required two visits, taking one to two hours for treatment.

The combined nursing staff unanimously agree that the extension of the service is of infinite value; the patients have continuity of treatment, relatives are relieved of anxiety, and hospitalization deferred or cancelled.

Staff

From the 1st January, 1962, the Whitley Council recommended an additional week's holiday for nursing staff, also, in the early part of the year, a reduction in the hours of duty from 48 to 44 weekly. To meet these recommendations, and to implement the Night Visiting Service, it was necessary to increase the establishment from 51 to 61. As reported previously, night nurses and auxiliary staff were engaged, and, at the end of the year, 66 full and part-time staff, equivalent to 57 full-time nurses were employed.

We welcome Mrs. K. Szentpetery, S.R.N., S.C.M., H.V. and Q.N. Certificate, who was appointed Assistant Superintendent (Training) in July, 1962.

Six members of the staff resigned, two for domiciliary midwifery, two for further post graduate training, one for domestic reasons, and a part-time nurse retired after 19 years' service in the city.

Training of District Nurses

During the year two Courses were completed at the Training Centre, 96 New Walk. Seven students successfully passed the Roll Examination, five of whom trained for our own service, one for Norfolk County Council, and one for Northamptonshire County Council.

Opportunity is taken in this report to thank the Hospital Consultants, general practitioners, Health Department staff, also School Medical Service, and others who contributed to the successful training of the students.

Recruitment for district nurse training has been relatively poor during the past year, and it is assumed that this is principally due to the general shortage of trained nurses and the wide variety of work available both at home and abroad. In the future a definite effort should be made to publicise the work, to interest the hospital student in the service, and to give opportunity for a wider field of work, perhaps by integrating training schemes within the Public Health Service, i.e. combined health visitor and district nurse training.

Refresher Courses for District Nurses

One Superintendent, three nursing sisters and two state enrolled nurses appreciated the opportunity of attending refresher courses arranged by the Queen's Institute of District Nursing at Bolton Training College, William Rathbone College, Liverpool, and the University of Bristol. Four nursing staff attended a two-day refresher course at the Towers Hospital, Leicester, on "New Trends in Psychiatric Medicine".

Transport

Two cars were replaced, also an additional Morris Minor purchased. These smaller cars are exceptionally good for parking and travelling in congested areas, are economical on fuel and comfortable to drive.

The ten out-of-date Cyclemasters were replaced by eleven Triumph Tina Scooters which are proving excellent machines, being easy to ride and of light weight. The nursing staff record their appreciation and thanks to the Chief Ambulance Officer and his staff for giving of their valuable time instructing drivers in the use of the new machines, for advice and help when accidents occur, and also for servicing the Local Authority machines.

The transport position at the end of the year is given below:

	1958	1961	1962
Cars owned by Local Authority	3	11	12
Private car owners in receipt of vehicle allowance	13	26	28
Private scooter owners in receipt of vehicle allowance	2	3	3
Other vehicles owned by Local Authority :			
B.S.A. Dandy	3	3	3
Triumph Tina	—	—	11
Cycle Master	22	10	—

Nursing Appliances

The number of appliances loaned during the year totalled 1,866, including Dunlopillo and ordinary mattresses, hospital type bed with pulley, walking aids, wheel chairs and smaller equipment such as bed pans, air ring, bed rests and mackintoshes.

Equipment, with the exception of Dunlopillo and other mattresses, beds and wheel chairs, is stored at the three nursing centres, the nursing staff being responsible for the cleaning and sterilization. A delivery and collection service operates three times weekly, and equipment is loaned free of charge to patients referred by the Home Nurse.

Requests for medical loans from other than the Home Nursing patients are referred to the local British Red Cross Society who operate an exceedingly well equipped medical loan depot in the city.

Nursing Work Statistics

Year	Total cases	Total Visits
1953	8,381	157,198
1954	9,339	167,665
1955	9,382	166,983
1956	9,157	165,887
1957	8,726	168,399
1958	7,865	165,134
1959	7,181	161,317
1960	6,665	161,426
1961	5,974	168,372
1962	6,340	165,888

Summary of work in each area

		No. of Cases		No. of Visits	
		1961	1962	1961	1962
Central ..	..	2,327	2,219	64,230	61,874
West End	..	1,935	2,169	53,626	55,346
Belgrave ..	..	1,712	1,952	50,516	48,668
Males nursed	..	2,417	2,711		
Females nursed	..	3,557	3,629		

Night Visiting Service—commenced 3.12.62: Total Visits during 1962 include 141 made by Night Visiting staff.

Patients who had 24 visits and over

Cases	Visits
1,634	104,002

Classification of Cases and Visits

		1961	1962	1961	1962
		Cases	Cases	Visits	Visits
Medical	.. ..	4,461	4,474	132,311	129,386
Surgical	.. ..	1,375	1,609	26,434	27,383
Notifiable diseases	.. ..	5	5	38	24
Tuberculosis	.. ..	63	79	3,731	4,502
Maternal complications	.. ..	70	64	596	555
Others and Casuals	.. ..	—	109	5,262	4,038

Source of Cases

			No. of Cases	%
General practitioners	.. ..	.. ..	4,832	69.11
Leicester Royal Infirmary	.. ..	.. ..	1,412	22.27
Leicester General Hospital	.. ..	.. ..	232	3.66
Hillcrest Hospital	.. ..	.. ..	6	.10
Other Hospitals	.. ..	.. ..	68	1.07
Chest Clinic	.. ..	.. ..	21	.33
School Medical Service	.. ..	.. ..	1	.02
Health Department	.. ..	.. ..	40	.63
Welfare Department	.. ..	.. ..	19	.30
Direct application	.. ..	.. ..	159	2.51

Result of Treatment in Age Groups

		0-4	5-14	15-64	65+	Total
Recovered	.. ..	280	160	1,696	886	3,022
Hospital	.. ..	6	8	421	438	873
Died	.. ..	3	1	165	628	797
Referred to Health Visitor		28	—	56	10	94
Referred to Nursing Home		—	—	6	40	46
Referred to Private Nurse	.. ..	—	—	1	12	13
Refused treatment	.. ..	—	—	7	6	13
Left the district	.. ..	—	2	33	99	134
Other causes	.. ..	—	—	6	19	25
Carried forward to 1963	.. ..	8	4	419	892	1,323
		—	—	—	—	—
		325	175	2,810	3,030	6,340
		—	—	—	—	—

Classification of Main Diseases

		Cases	Visits	% of total cases	% of total visits	Average No. of visits per case
Tuberculosis	79	4,502	1.25	2.71	57	
Cancer	395	14,146	6.23	8.53	36	
Other tumours	129	1,096	2.03	0.66	8	
Diabetes	163	18,669	2.57	11.25	114	
Anaemia	444	12,039	7.00	7.26	27	
Heart and circulatory	922	31,580	14.54	19.04	34	
Respiratory	727	7,827	11.47	4.72	11	
Digestive	839	5,670	13.23	3.42	7	
Renal	46	439	.72	.26	9	
Generative organs—male and female	547	4,495	8.63	2.71	8	
Maternal complications	88	756	1.39	.46	8	
Boils, abscesses and skin diseases	400	9,312	6.31	5.61	23	
Rheumatoid arthritis	127	6,200	2.00	3.74	49	
Diseases of the nervous system	448	20,089	7.07	12.11	45	
Diseases of the eye and ear	89	1,442	1.40	.87	16	
Other specified or ill- defined diseases	532	17,691	8.39	10.66	33	
Diseases of the bone	104	3,683	1.64	2.22	35	
Congenital malformations	30	460	.47	.28	15	
Infectious and parasitic cases	10	66	.16	.04	6	
Allergic disorders	2	26	.03	.02	13	
Accidents :						
Occupational	10	29	.16	.02	3	
Road	59	1,949	.95	1.17	33	
Home	150	3,722	2.36	2.24	25	

Medical Cases

The number of medical cases nursed was approximately 70% of the total cases entailing 78% of the total visits. The average number of visits paid to each patient was 29. Medical nursing is usually of a heavy nature consisting of a high percentage of patients in the older age group, including cerebral, cardiac, respiratory, anaemia, and senility with incontinence.

To some extent weather conditions control medical illness, particularly respiratory, and during the early part of the year there was some reduction of cases in this category, with an increase in the last two months of the year due to the fog, damp and cold weather. During the

autumn in the Central area there was an increase in the number of patients suffering from "Shingles" which was chiefly of a minor nature.

Nursing of rheumatoid arthritis, which is a long term, crippling illness affecting people in the middle and older age groups, is always difficult, and we have been pleased to co-operate with the Orthopaedic Consultant of the Leicester Royal Infirmary in special injection treatment for research purposes.

Surgical Cases

There is an increase in the number of cases and visits due to the referral of 254 cases from the Leicester Royal Infirmary "Male 5-day Ward". These are short term cases requiring two to five visits for dressing of wound, removal of clips or sutures, observation and advice. The staff appreciate the opportunity of nursing these early surgical cases at home as it enables them to practice and keep up-to-date with surgical techniques.

It is gratifying that the Service can assist the hospitals to reduce the Surgical Waiting List, also release hospital beds for the more needy cases. Since the inception of the scheme in September, 1961, a total of 319 cases has been referred.

Other surgical cases include post operative conditions of a more serious nature, minor surgical conditions in children and ulcer of leg.

Tuberculosis Cases

This year there is a slight increase in the number of cases and visits. Most of the patients were referred by the Chest Clinic, and the disease was of a chronic nature.

			Cases	Visits	Average visits per case
1961	..	..	63	3,731	59
1962	..	..	79	4,502	57

Notifiable Diseases

The number remains the same as 1961, with a reduction in the number of visits.

Maternal Complications

There is a reduction in the number of cases and visits to patients in this group. Several were referred from the domiciliary midwife owing to infection in the household.

Source of Case

The majority of patients continue to be referred by the general practitioners and include all types of illness. The cases referred from the hospitals are mostly short term surgical nursing cases, others include the longer term cases requiring some form of rehabilitation after fracture, surgical or medical treatment. The few referred by the Health and Welfare Departments consist of the aged sick awaiting admission to hospital or Part III Accommodation.

Result of Treatment

Patients recovered were approximately 47%, being mainly in the lower and middle age groups. Referrals to hospital in the middle age group were transferred for diagnostic or surgical treatment, whilst those in the older age group were transferred on account of requiring constant nursing care, or unsatisfactory home and domestic arrangements.

As can be expected, the majority of deaths fall in the older age groups, due to cardiac, cerebral, respiratory or senile conditions, while cancer and cardiac diseases were largely responsible for the deaths in the middle age group. Cases referred to the Health Visiting Service include diabetic, maternity cases and a few old people. Patients taken off for other causes were transferred to their own doctor or works surgery or were taken off owing to a change of treatment which the patient or relative could manage.

Nursing of the Aged

Additional statistics in respect of patients 65 years and over are given below :

		Cases	Visits
Male	..	1,014	28,715
Female	..	2,016	78,600
		<hr/>	<hr/>
		3,030	107,315
		<hr/>	<hr/>

Assistance available

Family	..	..	86.04%	Other assistance	..	1.29%
Friends & Neighbours			6.28%	None	..	2.90%
Municipal Home Help			3.50%			

Where nursed

In bed	..	..	96.63%
Ambulant	..	..	3.37%

Bathroom

Yes	..	..	61.16%
No	..	..	38.84%

Hot water supply			Water closet		
Yes	..	.. 63.00%	Internal	..	..45.48%
No	..	.. 37.00%	External	..	..53.99%
			Shared	.	.. .53%
Bed sores on first visit			..		188
Incontinent—urine			..		388
fæces			..		263

Nursing care of the elderly accounts for approximately 50% of the total cases and 64% of the visits. Most of these are long term requiring one to four visits in the 24 hours, also the nursing is of a heavy nature. Many are dependent on an aged partner, a few live alone or with relatives. Accommodation is varied, a good number living in the older type of dwelling with limited amenities, but, because they live amongst friends are less lonely and more help is available.

Family, friends, neighbours and home helps assisted tremendously in the nursing care, and we are indebted to them, particularly in the preparation for our visits, and looking after the patients between the visits. The nurse applies her skill and contributes greatly to the patients' welfare but without this supporting aid their work would be of little value.

The following case illustrates the co-operation existing with the family.

A chronic sick female patient, paralysed from the waist downwards for the past ten years, living in private, well equipped accommodation with her husband, was discharged from hospital for home care. The necessary equipment consisting of hospital type bed with pulley, dunlopillo mattress, bed cradle, bed pan and mackintosh and wheel-chair were provided and awaited the patient's return home. Nurse visited twice daily, once for general care, which included dressing of extensive bed sores, toilet, assisting the patient in simple remedial exercises and getting out of bed to a self-propelled wheelchair. The second visit in the evening was in the reverse, nurse leaving the patient comfortable for the night. During the visits she instructed the husband in simple nursing and handling of his wife, and after a few months the second visit was discontinued, the husband being able to manage. He also looks after all household matters and his garden. As the whole of his time is confined to one area he naturally becomes in need of a change of environment, so to enable him to get this change, his wife is admitted to hospital as a short term patient. This is just one of the many cases where excellent co-operation exists.

Caring for the aged entails far more than nursing; therefore the nurse on her first visit assesses the social need and finds in a great number of cases that the nutritional standard is low. Old people lack interest and energy to cook good and regular meals, and since February we have been very pleased to refer a fair number for the Mobile Meals Service. The fortunate recipients appreciate the inexpensive, appetising and generous meals provided by the City Welfare Department which are delivered daily by the lady voluntary helpers.

Mobile Meals Service

Number of applications	..	..	..	..	89
Number of patients receiving meals			..	..	40
Waiting List	..	..	..	..	30
Cancelled owing to death or admission to hospital				..	19

Co-operation with the Hospital Service

During the year, students from the Leicester Royal Infirmary visited for a day with the Home Nurses and it is anticipated that arrangements will be made for the trained hospital staff to visit in the near future. In all, 58 hospital students visited with the Home Nurses. Six students from the Towers Hospital also spent an interesting and instructive day on the district. The latter is a new arrangement and it is hoped that these arrangements will continue.

I am pleased to report that in 1963 the students from the Leicester General Hospital will also, during the course of training, visit with the Home Nurses.

During the District Nurse Training Courses a number of staff have visited the Diabetic and Radiotherapy Departments at the Leicester Royal Infirmary, also the wards and departments at the Towers, Glenfrith and Hillcrest Hospitals. We appreciate the good relationships and look forward to a closer co-operation of the services, particularly in the student and post graduate training.

Thanks are expressed to the Consultants and Medical and Nursing staff for arranging interesting and instructive visits.

General Practitioners

The service is closely allied to the general practitioner service and the confidence the general practitioner has in the service is obvious from the number of cases referred. We appreciate this confidence and welcome the opportunity they give for consultation and discussion of the patients' treatments and problems.

Nursing of Sick Children

Statistics in relation to children

		Under 1 year		1-4 years		5-14 years		Total	
		Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits
Male	..	112	737	128	1,619	102	994	342	3,350
Female	..	32	357	50	616	76	669	158	1,642
					1961			1962	
					Children nursed			520	500
					Visits paid			5,486	4,992

Nursing of children at home is only a small part of our work and is usually for minor illnesses and treatment.

Forty-four children received treatment for home and road accidents. Three children under one year suffering from congenital malformations died. Fourteen in all age groups were admitted to hospital for specialised treatment, medical and surgical.

Marie Curie Memorial Foundation—Education and Welfare Grant Scheme

During the year four nurses have been employed in the Day and Night Nursing Service, attending cancer patients in the latter stages of illness, so relieving relatives for some part of the 24 hours. Attention has been given to 68 patients, 57 receiving night help, 11 day help, including five who had day and night help. A total of 4,554 hours was spent on these 68 patients who were also visited by the home nurse, one to four times daily, depending on the degree of illness.

The cost of the service, £1,028 11s. 9d., which covers the nurses' salaries, postage, travelling and telephone expenses, is borne by the Marie Curie Memorial Foundation.

In addition, extra help has been given to 25 necessitous cases in the way of nourishment, National Insurance prescriptions, fuel, electricity account, rent arrears, domestic help and nursing requisites, with an expenditure of £50 0s. 5d.

The total expenditure for the year amounted to £1,087 12s. 2d. recoverable, as stated, from the Foundation to whom we are most grateful for providing the means to supply this service. Also, thanks are recorded to the City Treasurer and his staff who so kindly accept responsibility for the financial aspect of the work.

The following report shows the type of case covered by the services

A married female patient, aged 32 years, post operative cancer of breast, mother of three children (two school age, and one under one year) was referred by the Home Help Service for financial assistance. The Nursing Superintendent visited and reported that the patient was rather ill but insisted on getting up to help look after the children. The husband, having given up his work to look after his wife and family, reported that there were outstanding accounts, accumulated during the period his wife was in hospital. These included rent arrears, home help and children's care arrears.

From the Marie Curie Welfare Grant Scheme the rent arrears and home help accounts were cleared, also the Charity Organisation Society gave financial assistance, sufficient to clear other outstanding accounts. After a few days the patient's condition deteriorated and it was advisable to transfer her to her mother's home, the Children's Department taking the children into care. The Home Nurse visited the patient two to three times daily, and the Marie Curie Nurses covered the night nursing. These arrangements continued until the illness terminated after four weeks' strenuous nursing. All through the final stages of illness the patient was with her family who helped tremendously with the nursing, giving comfort and moral support to a loved one in need.

The patients, families and friends who have benefited from this service are deeply appreciative, many contributing financially to the Foundation. In particular, mention should be made of one poor widow who collects pennies, donating them to the Foundation as a token of appreciation for help received during her late husband's illness two years ago.

Conclusion

It has been an interesting year of work. The many demands on the service have been met to the best of our ability, the year ending with the inauguration of a Night Visiting Service. I take this opportunity to thank the Committee, Public Health Department staff, general practitioners, hospitals and others who have helped during the year.

Finally, I express my sincere thanks to the Superintendents and nursing staff for their co-operation, loyal support and conscientious service throughout the year.

National Health Service Acts

(SECTION 26)

Vaccination and Immunisation

Diphtheria Immunisation

Facilities for immunisation against Diphtheria, Whooping Cough and Tetanus are available at each Child Welfare Clinic session and at Day Nurseries. There is a Saturday morning session at the Central Clinic, 96 New Walk and additional sessions are held in Infants' Schools. A number of children are immunised as a matter of preference by their own General Practitioners.

The following table shows the number of children immunised during the year.

Primary Immunisation

Immunised against	Under 1 year	1 year	2 years	3 years	4 years	Over 4 years	Total
Diphtheria ..	—	—	—	—	1	71	72
Diphtheria/Whooping Cough	7	27	3	2	2	9	50
Diphtheria/Whooping Cough/Tetanus ..	1,309	1,470	86	38	23	21	2,947
Diphtheria/Tetanus ..	8	8	3	5	32	167	223
Total ..	—	—	—	—	—	—	3,292

Booster Doses

Immunised against	Under 5 years	Over 5 years	Total
Diphtheria	309	1,588	1,897
Diphtheria/Whooping Cough	89	49	138
Diphtheria/Whooping Cough/Tetanus	274	54	328
Diphtheria/Tetanus ..	8	16	24
Total ..	—	—	2,387

No children were immunised against Whooping Cough only.

These figures show a decrease in Primary Immunisations from those for 1961, but there was an increase in Booster Doses.

Vaccination against Smallpox

Under the National Health Service Act facilities for vaccination were provided at the Central Clinic, 96 New Walk. Owing to outbreaks of Smallpox in Britain during 1962 the requests for vaccination were very considerably increased. Details were as follows:

				Under 15 years		Over 15 years	
				1961	1962	1961	1962
Primary Vaccination	..	..		106	653	7	919
Re-vaccination	..	..		—	89	10	582

In addition 1,371 Primary vaccinations and one re-vaccination for children under 15 years were carried out at School and Infant Welfare Clinics. A further 633 Primary vaccinations and 42 re-vaccinations for people over 15 years were carried out at School and Infant Welfare Clinics.

General Practitioners carried out vaccination for their own patients, details being, 10,961 Primary vaccinations and 1,008 re-vaccinations for children under 15 years; 9,630 Primary vaccinations and 7,278 re-vaccinations for people over 15 years.

	Under 5	5–15 years	Over 15	Total
Total number of persons vaccinated against smallpox (i.e. by general practitioners and at clinics)	5,831	7,154	11,182	24,167
Total number of persons re-vaccinated against smallpox ..	142	956	7,902	9,000

Vaccination against Poliomyelitis

Immunisation sessions were held on Saturday mornings at 96 New Walk as required for poliomyelitis vaccination.

During 1962 the following individuals received vaccination against poliomyelitis.

	Health Department	General Practitioners	Total
<i>Two Injections:</i>			
Children and young persons born in the the years 1943–1962	86	835	921
Young persons born in the years 1933–1942	15	131	146
Persons born before 1933 and up to the age of 40 years	14	234	248

Third Injections:

Children born in 1961 and persons up to the age of 40 years	718	1,736	2,454
---	----	----	-----	-------	-------

Three Oral Doses:

Children born in 1962	..	..	232	70	302
Children and young persons born in the years 1943–1961	..	..	1,352	837	2,189
Young persons born in the years 1933–1942	..	..	166	230	396
Persons born before 1933 and up to the age of 40 years	..	..	216	250	466

Booster Doses:

Third oral dose after two Salk injections	3,933	3,143	7,076
Fourth oral dose after three Salk injections	217	191	408

Yellow Fever Vaccinations

The following statistics show the number of persons vaccinated against yellow fever since the City Health Department, 1A Grey Friars, was formally designated as an official Centre as from 1st July, 1960.

1st July—31st December, 1960	..	..	113
1st January—31st December, 1961	..	..	225
1st January—31st December, 1962	..	..	383
			—
			721
			—

National Health Service Acts

(SECTION 27)

City Ambulance Service

Increased Mileage

The road mileage was increased by 18,416 miles, but the average miles per patient fell to 3.65 compared with 3.74 in 1961.

Increase in Calls

The increase of 7,522 calls over last year was mainly due to the increased number of out-patients seen at the various hospitals. Similarly, there was a further increase in out-patient physiotherapy.

Increased Time

This was due to increased traffic congestion and to the continued development of peripheral housing estates.

There was an increase of 96 road traffic accidents over 1961.

There was an increase of 30 patients carried by rail.

Vehicles

The present vehicle strength of the Service is as follows:

17 Ambulances

5 Sitting Case Ambulances

1 Sitting Case Car

1 Service Van

1 Utility Vehicle for towing purposes

The first 5-year vehicle replacement programme is proceeding satisfactorily and at the conclusion of the financial year (1962-63) all ambulance vehicles will have been replaced with the exception of two sitting case vehicles.

All Health Department vehicles were maintained and repaired by the Ambulance Service mechanics at the Ambulance Station, a charge being made to the Sections concerned.

During the course of the year all passenger carrying vehicles were fitted with safety straps.

Similarly, some vehicles required modification to comply with the Safety Regulations issued by the Ministry of Health in Circular 16/62.

A new 14-seater sitting case vehicle has proved successful for conveying large numbers of day patients to the Towers Psychiatric Hospital and Physiotherapy Department at the Leicester General Hospital.

Conveyance of Patients by Helicopter

During the year a request was received to convey a patient from the Fielding Johnson Hospital to a Nursing Home in Devon. It was agreed by the doctor in charge that the best possible means of transport was by helicopter, the patient being prepared to pay the cost of this service. An ambulance conveyed the patient from the hospital to Stoughton Airport. After taking off at 11.00, the patient arrived safely at the Football Field, Salcombe, Devon, at 14.30. Arrangements had been made for the local Ambulance Service to meet the patient at this time to take him to Stone Hanger Nursing Home, Salcombe, Devon.

LEICESTER CITY AMBULANCE SERVICE

	Total Calls, 1962	Total Calls, 1961	Increase of 1962 over 1961	Decrease of 1962 from 1961
Out-patients	75,016	69,634	5,382	—
Admissions and Transfers ..	9,521	8,860	661	—
Discharges and Convalescence	8,543	8,231	312	—
Maternity	1,713	1,541	172	—
Mental	31	48	—	17
Dead on Arrival	496	386	110	—
Infectious	40	150	—	110
Accidents (Road)	1,110	1,014	96	—
Accidents (Other)	1,828	1,885	—	57
Premature Cot	64	29	35	—
Other Authorities	49	73	—	24
Chargeable Transport ..	83	85	—	2
Gas and Air	3,968	3,777	191	—
Transport	1,828	1,726	102	—
Abortive	2,049	1,378	671	—
Ambulance Service, less train journey mileage and children to Occupation Centre :				
Total calls	106,339	98,817	7,522	—
Total mileage	387,893	369,477	18,416	—
Average miles per patient ..	3.648	3.739	—	.091
Children to Occupation Centre:				
Number	3,233	4,497	—	1,264
Mileage	4,482	5,632	—	1,150
Average miles per child ..	1.386	1.252	.134	—
Total calls	109,572	103,314	6,258	—
Total mileage	392,375	375,109	17,266	—
Average miles per patient, inclu- ding children taken to Occu- pation Centre	3.581	3.631	—	.050
Patients by train	289	259	30	—
Mileage by train	31,312	32,074	—	762
Average miles per patient by train	108.3	123.8	—	15.5

Vehicle "Calls" by Road :		1955	1956	1957	1958	1959	1960	1961	1962
City Ambulance Service	..	81,358	81,207	79,484	82,472	83,806	89,835	96,125	104,091
St. John Ambulance Committee	..	2,325	2,257	1,504	1,419	2,135	2,652	2,692	2,248
TOTALS	..	83,683	83,464	80,988	83,891	85,941	92,487	98,817	106,339
Mileage by Road :									
City Ambulance Service	..	320,812	312,881	310,105	315,446	316,886	339,169	360,747	380,225
St. John Ambulance Committee	..	7,646	7,305	5,366	5,304	7,645	9,224	8,730	7,668
TOTALS	..	328,458	320,186	315,471	320,750	324,531	348,393	369,477	387,893
Average Miles per Patient by Road		3.92	3.84	3.90	3.82	3.78	3.77	3.74	3.65
Patients Conveyed by Train :									
Patients conveyed by train	..	242	321	376	296	294	328	259	289
Number of miles travelled by train	..	31,625	38,590	44,901	35,295	30,641	38,036	32,074	31,312
Average miles per patient by train	..	130.7	120.2	119.4	119.2	104.2	116.0	123.8	108.3
Children Conveyed to and from the Occupation Centre :									
Children to and from the Occupation Centre		23,847	*6,563	—	—	—	†1,579	4,497	3,233x
Mileage	..	15,681	5,693	—	—	—	1,843	5,632	4,482
Average miles per child	..	.66	.87	—	—	—	1.17	1.25	1.39

*Seven months only

†Four months only

xJanuary-October, 1962

National Health Service Acts
(SECTION 28)

**Prevention of Illness,
Care and After-Care**

REPORT ON THE CHEST CLINIC FOR 1962

by

C. M. CONNOLLY, M.D., M.R.C.P., D.P.H.

This report deals mainly with the tuberculosis work of the Chest Clinic. It is still the most important work of the Clinic, although a considerable amount of time is also spent in dealing with other chest diseases. Our main aim is the eradication of tuberculosis in the City but this is still a long way off. The tuberculosis scene has changed recently with the arrival of a considerable number of Commonwealth immigrants, particularly from India and Pakistan. The problem is rather different in these immigrants who have a higher incidence of the disease. While a few of them have already got symptoms of tuberculosis at the time of their arrival, the majority only develop the disease some time later. The factors responsible for the higher incidence in the immigrants are probably a combination of lower racial resistance, inadequate nutrition and poor living conditions.

New Cases

201 new cases of tuberculosis were registered during the year as compared with 231 in 1961. These figures include cases previously notified as tuberculosis elsewhere, who came to live in the City during the year. The pulmonary cases decreased by 35 and the non-pulmonary cases increased by 5. These new cases are analysed in the tables that follow. The majority continue to occur in the older age groups. The numbers of new cases in immigrants were 35 pulmonary and 13 non-pulmonary. These accounted for 26% of the pulmonary notifications and 46% of the non-pulmonary notifications. The majority of these new immigrant patients were Indians and Pakistanis and there was no increase in incidence noted in West Indians or Africans.

The following table gives the number of new cases, including "transfers in" since 1931.

1931	Pulmonary	511	Non-pulmonary	61	Total	572
1932	"	442	"	69	"	511
1933	"	438	"	74	"	512
1934	"	331	"	72	"	403
1935*	"	460	"	100	"	560
1936	"	355	"	79	"	434
1937	"	345	"	88	"	433
1938	"	310	"	84	"	394
1939	"	299	"	84	"	383
1940	"	343	"	101	"	444
1941	"	390	"	75	"	465
1942	"	365	"	85	"	450
1943	"	359	"	93	"	452
1944	"	392	"	52	"	444
1945	"	355	"	60	"	415
1946	"	440	"	55	"	495
1947	"	458	"	68	"	526
1948	"	403	"	78	"	481
1949	"	410	"	51	"	461
1950	"	555	"	46	"	601
1951	"	443	"	46	"	489
1952	"	473	"	41	"	514
1953	"	455	"	39	"	494
1954	"	392	"	56	"	448
1955	"	361	"	33	"	394
1956	"	316	"	29	"	345
1957	"	249	"	24	"	273
1958	"	248	"	21	"	269
1959	"	197	"	23	"	220
1960	"	211	"	30	"	241
1961	"	205	"	26	"	231
1962	"	170	"	31	"	201

*City Boundary extended and population increased by 20,000.
The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

The following table shows the sources from which the cases of tuberculosis registered in 1962 came :

	Pulmonary	Non-Pulmonary	Total
Transferred in from other Areas ..	38	3	41
Referred by General Practitioners ..	72	9	81
„ Service Authorities ..	1	—	1
„ Hospital Doctors ..	14	17	31
„ Mass Radiography Unit..	28	—	28
Discovered on Contact X-ray ..	10	—	10
Scheme for X-ray of Pregnant Women	3	—	3
Posthumous Notification	3	—	3
Tuberculin Positive School Entrants ..	1	1	2
School B.C.G. Scheme	—	1	1
Totals	170	31	201

The following table gives the sex and age periods of those notified during 1962 :

Age Periods ..	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 +	Total
Pulmonary											
Males ..	5	—	1	5	11	10	13	21	17	6	89
Females ..	2	1	2	9	4	10	7	7	1	—	43
Non-pulmonary											
Males ..	—	1	1	2	3	7	—	—	—	1	15
Females ..	1	—	—	1	2	3	2	2	1	1	13

The following table gives the sex and age periods for those transferred in from other areas and “lost sight of” cases returned:

Age Periods ..	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 +	Total
Pulmonary											
Males ..	—	1	—	—	2	8	8	2	1	3	25
Females ..	—	1	—	—	4	4	2	1	1	—	13
Non-pulmonary											
Males ..	—	1	—	—	2	—	—	—	—	—	3
Females ..	—	—	—	—	—	—	—	—	—	—	—

The following table gives the number of young adults notified in the age periods 15–19 and 20–24 during the past six years :

Pulmonary Tuberculosis in Young Adults (Notifications)
(15–24) during the past six years

Ages	1957		1958		1959		1950		1961		1962	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	9	9	11	7	7	7	9	16	4	8	5	11
Females ..	9	11	9	14	5	10	8	10	2	9	9	4
Total ..	18	20	20	21	12	17	17	26	6	17	14	15
Total both sexes ..	38		41		29		43		23		29	

Contacts

The following table shows the number of contacts who attended for chest X-ray during the past six years. The number of contacts found to have tuberculosis in 1962 was 10, as compared with 12 in 1961 :

	1957	1958	1959	1960	1961	1962
Number of contacts examined	2,554	2,206	2,087	1,893	1,884	1,910
Number of contacts found to have tuberculosis ..	9	16	17	30	12	10

School Case-Finding Scheme

	1957	1958	1959	1960	1961	1962
Tuberculin positive school entrants and their contacts ..	287	46	69	38	43	33
Number found to have tuberculosis ..	8	—	1	1	—	2

Radiological Examination of Expectant Mothers

	1957	1958	1959	1960	1961	1962
Number of Expectant Mothers X-rayed	2,347	2,337	2,037	1,857	2,080	2,120
Number found to have tuberculosis	4	7	3	2	4	3

B.C.G. Vaccination

B.C.G. vaccination has again been offered to all tuberculin negative contacts. 574 vaccinations were performed during the year, as against 605 the previous year.

Number of B.C.G. vaccinations :

1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
855	622	532	717	777	831	846	708	778	644	605	574

Deaths

Deaths due to pulmonary tuberculosis ..	17
Deaths due to non-pulmonary tuberculosis ..	4

**Number of Deaths from Pulmonary and Non-pulmonary
Tuberculosis in Leicester during the past 20 years**

Year	Phthisis		Other Tuberculous Diseases		Total Tuberculous Deaths	
	Deaths	Rate per 100,000 Population	Deaths	Rate per 100,000 Population	Deaths	Rate per 100,000 Population
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67
1949	153	54	21	7	174	61
1950	134	47	7	2	141	49
1951	98	34	7	2	105	36
1952	96	33	6	2	102	35
1953	68	24	5	2	73	25
1954	65	23	6	2	71	25
1955	57	20	2	1	59	21
1956	27	9	3	1	30	10
1957	27	9	1	1	28	10
1958	20	7	4	1	24	8
1959	14	5	1	—	15	5
1960	21	8	—	—	21	8
1961	18	6	2	1	20	7
1962	17	6	4	1	21	7

The following table gives the Age and Sex Distribution of those dying from Pulmonary Tuberculosis during 1962:

**Age and Sex Distribution of Deaths from Pulmonary Tuberculosis
in 1962**

Age Period		Males	Females	Total
0— 1	..	—	—	—
2— 4	..	—	—	—
5— 9	..	—	—	—
10—14	..	—	—	—
15—19	..	—	—	—
20—24	..	—	—	—
25—34	..	1	—	1
35—44	..	1	—	1
45—54	..	1	—	1
55—64	..	5	1	6
65+	..	8	—	8
Total	..	16	1	17

ANALYSIS OF DEATHS

Pulmonary Cases on Chest Clinic Register

Stage when first examined	Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years	Total
T.B. - ve cases ..	-	-	-	-	-	-	-	-	-
T.B. + ve Stage 1..	-	-	-	-	-	✓	-	-	-
T.B. + ve Stage 2..	-	-	-	1	1	1	2	6	11
T.B. + ve Stage 3..	2	-	-	-	-	-	-	3	5
Total ..	2	-	-	1	1	1	2	9	16

In addition one case was notified after death. This gives a total of 17 pulmonary deaths.

Deaths from Pulmonary Tuberculosis in Children (0-14) and Young Adults (15-24) during the past six years

Nil

Non-Pulmonary Tuberculosis Deaths

Four

Deaths from Tuberculous Meningitis in Children (0-14) during the past six years

Nil

Recovered Cases

During the past year the names of 280 patients were removed from the Tuberculosis Register as having recovered. Of these, 259 were pulmonary and 21 non-pulmonary cases. Of the pulmonary cases, 172 had had tubercle bacilli in their sputum.

Chronic Cases

These are the failures of modern chemotherapy and the failure is usually due to the development of resistance to the main chemotherapeutic drugs used in treatment.

The following table shows the number of chronic positive drug resistant cases in the City during the past five years. There has been a steady

reduction in the number of these cases during the period and this reduction continued in 1962.

	1958	1959	1960	1961	1962
No. of resistant cases ..	50	46	40	29	21

The chronic resistant cases are a definite public health hazard as they are infectious and may pass on their resistant bacilli. It is satisfactory to record that none of the new cases during the year was found to have been infected with resistant bacilli.

VISITS

Visits paid by Health Visitors ..	..	..	..	3,163
Visits paid by Home Nurses ..	..	..	..	4,502

Clinical Examinations

	Men	Women	Children	Total
First examinations ..	1,834	1,104	362	3,300
Re-examinations ..	3,173	1,597	246	5,016

Notes from general practitioners in Leicester requesting an opinion on 3,792 patients—2,537 were referred for the first time, the remainder were cases who had been before—were dealt with during the past twelve months.

Radiological Examinations

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
18,094	15,453	17,536	18,525	16,943	15,586	15,292	13,984	14,208	13,545

Total Attendances

Total attendances	17,103
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Smoking and Chronic Lung Disease

There is an important causal connection between cigarette smoking and chronic lung disease, notably Lung Cancer and Chronic Bronchitis, and so long as smoking continues on the present scale it would be unreasonable to expect any improvement in the position regarding these serious diseases. In the long run a change in the social climate with regard to smoking will have to take place until eventually the habit becomes socially unacceptable.

There is a popular fallacy at present that anti-smoking clinics will be successful in persuading cigarette addicts to stop smoking. Like any other addiction the cure is not easy, and we have not yet got a reliable anti-smoking drug for use in these cases.

The main campaign against smoking must be directed at the young teenagers before the habit has become established.

ANALYSIS OF CASES ON CHEST CLINIC REGISTER

DIAGNOSIS	Pulmonary			Non-Pulmonary			Total			Grand Totals
	Men	Women	Children	Men	Women	Children	Men	Women	Children	
A. New Cases examined clinically and/or radiologically :										
(a) Definitely T.B.	79	35	6	11	10	3	90	45	9	144
(b) Diagnosis not completed and under obs.	—	—	—	—	—	—	210	63	20	293
(c) Non-Tuberculous	—	—	—	—	—	—	1,534	2,149	343	4026
B. New contacts examined during the year:										
(a) Definitely T.B.	—	4	6	—	—	—	—	4	6	10
(b) Diagnosis not completed ..	—	—	—	—	—	—	10	5	3	18
(c) Non-Tuberculous	—	—	—	—	—	—	325	321	55	701
C. Cases written off Chest Clinic Register :										
(a) Recovered ..	146	101	12	8	8	5	154	109	17	280
(b) Non-Tuberculous	—	—	—	—	—	—	2,268	2,828	477	5,573
D. Number of cases on Clinic Register on 31st December, 1961:										
(a) Definitely T.B.	802	451	76	62	82	12	864	534	88	1,486
(b) Diagnosis not completed and under obs.	—	—	—	—	—	—	378	143	41	562
1. Number of cases on Clinic Register on 1st January, 1962, including observation cases ..	2,783			2. Number of cases transferred in from other areas, also cases returned			41			
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, cases "lost sight of" and cases where diagnosis has not been established. ..	71			4. Cases written off during the year as dead (all causes) ..			44			
5. Number of attendances at the Clinic for all purposes ..	17,103			6. Number of chest X-ray films taken during the year.. ..			13,545			
7. Number of persons receiving B.C.G. vaccine, at the Clinic, during the year	574			8. Number of visits by the Health Visitors to homes of patients for Clinic purposes			3,163			
9. Number of patients visited by the Home Nurses during the year	79			10. Number X-rayed under the scheme for X-ray of pregnant women			2,120			
11. Number of patients to whom free milk was granted by the Local Health Department ..	157			12. Number of patients to whom beds and/or bedding have been loaned by the Local Authority.			25			

LEICESTER AREA MASS RADIOGRAPHY UNIT

REPORT FOR 1962

I am indebted to Dr. E. M. Quinn, Medical Director, for the following Report:

“As in previous years the Unit divided its time between the City and the County districts.

In addition to its work at base the Unit carried out surveys at Messrs. A.E.I., New Parks, The Dunlop Rubber Company Ltd., Messrs. Rank Taylor Hobson Ltd., The Leicester University and H.M. Prison.

The groups X-rayed consisted of the general public, organised factory and other groups, doctors' referrals, wayfarers, students, teachers, tuberculin skin positive schoolchildren and contacts.

Special attention was given to those areas of the City in which there was a preponderance of coloured immigrants. Leaflets advertising the scheme were distributed to each house. The response was considered very poor. It is not possible to give a percentage of attendance as the population concerned is not known. It must be noted, however, that a good response is had from the immigrants when organised factory groups are X-rayed.

15,445 City persons were X-rayed in the year. (20,908 in 1961). 23 cases of pulmonary tuberculosis requiring close supervision were discovered, giving a rate of 1.5 per 1,000. (38 cases—1.8 per 1,000 in 1961). 5 cases of malignant neoplasm were found (15 in 1961). 7 cases of sarcomatosis were found. Of the 23 cases of pulmonary tuberculosis, 18 had not previously had a chest X-ray.

The Unit played a useful part in X-raying contacts in industry. 376 were X-rayed and 1 case of pulmonary tuberculosis requiring close supervision was found—an incidence rate of 2.7 per 1,000.

Doctors' referrals again proved to have a high incidence rate. 542 were X-rayed and 3 cases of pulmonary tuberculosis requiring close supervision were discovered, giving an incidence rate of 5.5 per 1,000.

Again it is pleasing to report that of the 89 strongly tuberculin skin positive schoolchildren X-rayed, no abnormality was discovered which required further investigation or treatment.”

LEICESTER CITY, 1962

GROUPS	Initial X-ray		Total		T.B. Close Super- vision		Rate per 1,000		T.B. Occa- sional Super- vision		Bronchi- ectasis		Cardiac		Pneumo- coniosis		Malig- nant Neo- plasms		Non- Malig- nant Neo- plasms		Sarcoids	
	M.	F.			M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Public Sessions ..	1,971	1,962	3,933		4	2	1.5		3	1	2	5	5	7	-	-	2	-	-	-	2	2
Doctors' Referrals..	312	230	542		3	-	5.5		-	-	5	-	8	5	-	-	1	-	-	-	-	-
Organised Groups ..	6,385	2,620	9,005		7	3	1.1		3	-	7	-	12	1	-	-	2	-	1	-	1	1
Students ..	641	329	970		-	-	-		-	-	-	-	1	-	-	-	-	-	-	-	-	1
Wayfarers ..	54	-	54		1	-	18.5		-	-	-	-	1	-	-	-	-	-	-	-	-	-
H.M. Prison ..	465	-	465		2	-	4.3		1	-	1	-	1	-	-	-	-	-	-	-	-	-
Contacts ..	320	56	376		1	-	2.7		1	-	-	-	-	-	-	-	-	-	-	-	-	-
Skin Positive Schools	-	11	11		-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Large Films Ante-Natal ..	50	39	89		-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS ..	10,198	5,247	15,445		18	5	1.5		8	1	15	5	28	13	-	-	5	-	1	-	3	4

* +2 X-rayed in County

† +3 X-rayed in County (Coal mines)

LEICESTER CITY, 1962

T.B. CLOSE SUPERVISION—AGE GROUPS

GROUP	15—19		20—24		25—34		35—44		45—54		55—59		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Public Sessions	1	—	—	—	1	1	—	1	1	—	1	—	4	2
Doctors' Referrals	—	—	—	—	1	—	1	—	—	—	1	—	3	—
Organised Groups	—	1	3	—	1	1	1	—	2	1	—	—	7	3
Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wayfarers	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Prisons	—	—	—	—	—	—	2	—	—	—	—	—	2	—
Contacts	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Skin + ve	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ante-Natal	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	1	1	3	—	3	2	5	1	4	1	2	—	18	5

ASSISTANCE TO CASES OF TUBERCULOSIS

The scheme for the provision of beds and bedding to necessitous cases of tuberculosis was continued and 25 such cases were helped during the year; of these two were new cases.

Free milk was supplied to 157 cases, of which 48 were new cases.

CONVALESCENCE

Recuperative holidays were arranged during the year for 194 convalescent patients who were not in benefit with the Leicester and County Convalescent Homes Society, compared with 188 last year. In addition to this number, eight babies or toddlers were also sent away with their mothers where this was considered necessary.

Coach fares were paid for a further elderly patient who was recommended by her doctor to spend a recuperative holiday with a relative.

During the year eight applications for convalescence were refused.

Of the total 194 patients for whom recuperative holidays were arranged, 84 were elderly people receiving the retirement pension, most of whom were very grateful to be able to spend a fortnight by the sea, enjoying the company of other people and benefiting from having meals prepared for them.

Recuperative holidays at "Spero" Homes were arranged for 16 pulmonary tuberculosis patients. In three of these cases it was possible for the wife to accompany the patient on holiday, financial assistance towards the wives' expenses being granted from the annual sum donated by the Leicester Branch of the British Medical Association for the welfare of relatives of tuberculosis patients.

Three mothers, accompanied by four babies or toddlers, were sent during the year for a fortnights' recuperative holiday at a Convalescent Home in Sussex, administered by a Metropolitan Borough. Unfortunately this Home closed during the year and there now appears to be no Convalescent Home where Leicester mothers can be accepted with their babies for a short-term recuperative holiday.

Arrangements were made for one mother, accompanied by her 3-years old twins, to spend a three months' period of convalescence and rehabilitation at Crowley House, Middlemore Homes, Birmingham. In a similar case, where arrangements were made by the Probation Officer, the cost of maintenance of the two toddlers was met by the Health Department, the Probation Department paying the cost of the mother's maintenance for the three months.

Patients were assessed on financial circumstances, the assessments varying according to scale from “no charge” to full cost, and as shown in the following table, in the majority of cases the full cost was borne by the Leicester Corporation.

No charge assessment Full cost borne by Leicester Corporation	Part cost assessment	Full cost paid by patient, either by assessment or offer
146	27	21

The following tables give further details of the number of patients for whom recuperative holidays have been arranged during 1962:

Distribution of Patients according to Age

Under 15	15—64	65—74	75—84	Over 85
45	72	53	22	2

No. of applica- tions	Sent to				Not sent to Convalescent Home by Health Committee
	Roe- cliffe Manor	Hun- stanton	Shering- ham House and Over- strand Hall	Other Homes	
241 (245)	46 (26)	76 (100)	52 (35)	20 (27) + 8 toddlers accompany- ing their mothers	47 as follows : Application re- fused 8 (8) Refused to pay assessment .. 7 (6) Refused to give particulars re financial cir- cumstances .. 1 (1) Dealt with by Convalescent Homes Society 3 (9) Other reasons : Private arrange- ments, illness, etc. 28 (33)

(Note : 1961 figures in brackets)

CHIROPODY SERVICE

		New Cases		Treatments	
		Domiciliary	Other	Domiciliary	Other
1960	..	110	78	136	131
1961	..	218	223	1,661	1,270
1962	..	211	143	2,578	2,109

During the year 50 applications were refused as the applicant's income in each of these cases was over the approved scale. At the 31st December, 1962, 744 cases were receiving treatment.

DOMICILIARY LAUNDRY SERVICE

			1960	1961	1962
Number of cases brought forward	..	..	34	60	66
New Cases	..	..	161	216	324
			—	—	—
Totals	..	..	195	276	390
			—	—	—

New Cases 1962:

Referred by Home Nurses	..	..	309	
Referred by Home Helps	..	..	14	
Referred by Health Visitors	..	..	1	
			—	324

Result:

Died	..	..	..	170	
Hospital	..	..	..	102	
Service no longer required	..	..	..	24	
Carried forward to 1963	..	..	..	94	
				—	390

Incontinent	..	..	..	375	
No hot water supply	..	..	..	182	
Two bags weekly	..	..	..	176	
One bag weekly	..	..	..	214	
Patients in receipt of National Assistance					
Benefit	..	..	..	196	

These statistics show an increase of $33\frac{1}{3}\%$ over the previous year and approximately 50% over the two years. To meet the increased demand, the Women's Voluntary Service organised one extra collection and delivery round, bringing this to five rounds weekly. In December the number of cases was 93 per week, necessitating 116 calls which represented a new peak, and since January, 1960, the approximate number of calls made by the W.V.S. amounted to 10,401. Priority delivery continues to incontinent patients, 95% being in this group; the remainder include cancer patients, the aged living alone or in accommodation with limited facilities.

This valuable service is well established, being due to the close co-operation between the W.V.S., Hillcrest Hospital and the local authority. Minor difficulties arise from time to time, one being the hoarding of linen by patients' relatives, resulting in a shortage for the delivery round. This position, when reported, is rectified without delay.

We are very grateful and say "thank you" to the Women's Voluntary Service for the practical way in which they organise this important ancillary service, also for their endurance in inclement weather; neither fog, snow, ice, nor rain deters them.

I would also record appreciation and thanks to the Rotary Club, Old People's Welfare Association and the Hillcrest Hospital for providing this essential service for the sick and aged.

MEDICAL EQUIPMENT LOAN SERVICE

I am indebted to Mrs. T. K. Crumbie, B.A., Branch Officer of the Medical Loan Department of the British Red Cross Society in Leicester, for the following report on the work carried out on behalf of the local authority.

“During 1962 Leicester City depot of the Medical Loan Service at British Red Cross Society Headquarters, 244 London Road, helped over 2,300 patients, issuing approximately 3,300 articles.

The types of patients with which the depot has been chiefly concerned fall into three categories:

- (1) Patients having a home confinement requiring equipment other than that included in the maternity pack.
- (2) Patients referred to us by their doctor.
- (3) Patients coming out of hospital, but still requiring certain types of medical equipment.

Categories (1) and (3) have led to a steady increase in work throughout the last few years due to the shortage of hospital beds.

The range of equipment available covers the usual items for home nursing such as bed pans, mackintosh sheets, bed tables, back rests, etc., but also includes more specialised items such as elbow crutches, tripod walking sticks, special and ordinary hospital beds and mattresses, commodes and invalid chairs of all types.

A very small weekly charge is made for the loan of equipment, but should there be any circumstances which would entail hardship in meeting these payments the charges are reduced or omitted.

Transport is available two days a week for the collection and delivery of equipment, but arrangements can be made to deal with any emergency.

The depot is open from 9 a.m. to 5 p.m. from Monday to Friday and 9 a.m. to 12 noon on Saturday, and there again arrangements are made to deal with emergency calls outside office hours.”

AFTER-CARE AND HEALTH EDUCATION (HEALTH VISITORS)

During 1962 health visitors have undertaken a considerable amount of work in the field of after-care. The health visitor carries out Tuberculosis Care and After-Care in her own district and keeps in touch with the Chest Physician at the Chest Clinic.

While there is no formal system of routine after-care of adult patients who are discharged from hospital, there is a very good liaison with the hospital staffs and any case thought to be in need of follow-up by the health visitor is notified to the department by the hospital and a health visitor undertakes any necessary after-care visiting.

In the case of children who are discharged from hospital there is a very close liaison between the Paediatricians and health visitors. Health visitors attend ward rounds and out-patient Paediatric Clinics. The Health Visitors are kept fully informed about children from their areas who are in hospital as in-patients or who are about to be discharged. Any necessary information is passed from the Paediatrician to the health visitor concerned and vice versa.

An additional after-care service was requested by Dr. Simpson; this was the follow-up of arthritic cases in their own homes and this new service is running smoothly.

Only one health visitor is employed solely on specific duties and she is concerned with care and after-care of diabetic patients. She works in conjunction with the Diabetic Clinic at the Leicester Royal Infirmary. During the year she paid 1,592 visits to patients suffering from diabetes, advising them on diet and any special problems that arose.

With regard to liaison with General Practitioners, health visitors have not been seconded to work either with a particular General Practitioner or a group of Practitioners, but there has been an increasing liaison consisting of mutual consultation from time to time as the need has arisen between General Practitioners and health visitors, to the mutual satisfaction and benefit of both parties.

During 1962 health education has been undertaken by health visitors in Infant Welfare Clinics and on a small scale in Ante-Natal Clinics, in addition to the Mothercraft and Relaxation Classes. It is hoped in future years to expand this aspect of the work, but opportunities are sometimes limited by facilities available in clinic premises. Health Education talks are supplemented by sound films, film strips, flannel graphs and poster material, etc.

In addition, health visitors have undertaken a certain amount of health education with Church organisations, Young Wives Groups, etc., from time to time during the year.

HEALTH EDUCATION

The following report gives an outline of the work carried out in connection with Health Education during the year ended 31st December, 1962.

Film and Lecture Service

	Number of Meetings
Nursing Organisations:	
Student Nurses	8
Nursery Nurses	15
Red Cross and St. John Ambulance Brigade ..	1
Health Visitor Students	1
Other Training Courses:	
Home Help Training Course	23
Speech Therapists	1
Domestic Science Students	3
Voluntary organisations:	
Church Organisations	4
Townswomen's Guilds	1
Evergreen Clubs	1
Political Groups	2
Mixed Adult Groups	4
Adult Education Centre	3
Prebend House Social Rehabilitation of the Blind	1
Youth Groups:	
Church Organisations (Youth Clubs)	5
Other Youth Groups	6
Schools	27
Mothercraft, etc., Groups:	
Mothercraft and Expectant Parents Classes ..	34
Infant Welfare Clinics	12
	—
	152
	—

During 1962 the group health education programme was continued; the content and number of talks in the series offered to expectant mothers was extended. This aspect of health education is most important, as parents are particularly receptive at this time; it also forms a valuable basis for further education.

The subject matter covered in talks given to the various organisations listed included "The Work of the Health Department", "Accident Prevention in the Home", "Immunisation and Vaccination", "Clean Food", "Poliomyelitis" and "Preparation for Retirement".

Other sections of the Department continue to provide speakers, and slides, film strips and other visual aids were used to support the talks.

Home Safety

The Home Safety Committee did not meet during 1962, but despite this, every opportunity was taken by health visitors and all other members of the Department to educate the general public either as individuals or as groups to drive home the importance of accident prevention.

Schools

During the academic year 1961/62, lectures and demonstrations were given by members of the Health Visiting Staff in six Senior Girls' Schools, a total of 419 girls receiving instruction. In one of these schools—the Mundella Girls' School—42 girls sat for the examination in Mothercraft set by the National Association for Maternal and Child Welfare. All of them passed in both the written and practical parts, 14 of them gaining honours.

Courses of Mothercraft instruction were also commenced in two more Senior Girls' Schools at the start of the academic year 1962/63.

Immunisation and Vaccination

During the year material in the form of posters was supplied to clinics and schools, etc., urging the need for adequate vaccination and immunisation of the population.

Smoking and Lung Cancer

The majority of propaganda on the above subject has been directed at young people. Posters have been supplied to various schools and clinics, etc.

National Productivity Year Exhibition at Abbey Park Show and College of Art and Technology

The Department contributed to the National Productivity Year Exhibition, both at the Abbey Park Show on the 7th and 8th August and at the College of Art and Technology in November.

The subject of the stand at the Abbey Park Show was "Smoking and Lung Cancer", with special reference to the effect on national productivity of sick leave resulting from cancer and bronchitis and other ill effects of smoking. A programme of films, including a film on "Smoking and Lung Cancer", was also shown.

The subject of the Health Department's contribution to the Exhibition at the College of Art and Technology was "The Prevention of Accidents and Infectious Disease", showing how this could increase productivity in industry as a whole by promoting better attendance in factories. A leaflet on this subject was prepared in the Department and distributed at the Exhibition. The City Ambulance Service also made a valuable contribution to the Health Department stand by demonstrating mouth-to-mouth resuscitation in relation to possible electrocution and other accidents in industry.

Visitors

During the year two overseas visitors from the World Health Organisation were shown round the various sections of the Department and were given information relating to the work of the Health Services in Leicester.

Six student teachers from the Teachers' Training College and Domestic Science College visited the Department to obtain information on health education to help them in writing their thesis.

HOME ACCIDENTS

The Chief Ambulance Officer notifies the department of accident cases conveyed to hospital. These, and any cases which become known to the Health Visitors, form the basis of this enquiry.

Each case was visited by a Health Visitor, and a report was submitted by her.

From this investigation the following statistics have been compiled.

Age	No. of Males	No. of Females	Total number
Under 12 months ..	9	2	11
1 — 5 years ..	89	51	140
6 — 15 „ ..	32	18	50
16 — 59 „ ..	38	46	84
60 — 69 „ ..	10	25	35
70 — 80 „ ..	5	29	34
81+ „ ..	7	17	24
	<hr/>	<hr/>	<hr/>
Totals ..	190	188	378
	<hr/>	<hr/>	<hr/>

Circumstances at time of accident:

Alone on premises	Not alone on premises	Total
82	296	378

Accident considered to be:

Preventable	Not preventable	Total
225	153	378

Severity of injury:

Severe	Not severe	Total
171	207	378

Type of injury sustained:

Scalds ..	..	..	..	47
Burns ..	..	..	..	25
Fractures ..	..	..	..	48
Cuts ..	..	..	..	129
Bruises ..	..	..	..	32
Concussion ..	..	..	..	10
Poisoning ..	..	..	..	31
Crush injuries ..	..	..	..	7
Puncture wounds ..	..	..	..	6
Dislocations ..	..	..	..	13
Sprains ..	..	..	..	10
Foreign bodies ..	..	..	..	12
Gassing ..	..	..	..	4
Electrocution ..	..	..	..	2
Asphyxia ..	..	..	..	2
				<hr/>
Total ..	..	..	..	378
				<hr/>

In the 58 cases occurring in people over 70 years of age the following facts emerge:

Falls	..	..	..	48
Living alone	..	..	..	11
Alone at time of accident			..	26

In addition to the 378 accidents about which definite information was available and which were obviously accidents occurring at home, and requiring the services of an ambulance, a further 21 "accidents" were notified to us by the Ambulance Station, but no information could be obtained about these incidents, because of language difficulties, reluctance on the part of relatives or landladies, removal from the address, etc.

19 further cases reported were found on investigation not to be accidents, but were due to disease, deliberate assault, or attempted suicide.

32 further cases were found to have had an accident, but investigation showed that it had occurred outside the home; in the street, school, or place of work.

The age distribution of accidents shows little change compared with 1961. The vulnerability of the very young remains apparent, as is also the vulnerability of the lonely aged person. Nearly half of the 58 accidents to people over 70 occurred while the patient was quite alone in the house, and 11 of the 58 actually lived by themselves.

However, one case of good neighbourliness emerges. A neighbour watched an 80-year-old lady next door carefully, as she lived alone. She noticed that the old lady had opened the living room curtains one night, and thinking it odd, she climbed on to her draining board to watch. She saw her neighbour fall, and on dashing into the house found that all the gas was turned on in the kitchen. The old lady was attempting to prepare breakfast for a family long since dead.

It is distressing to note that the incidence of preventable accidents remains at a high figure, showing that insufficient care is taken to avoid accidents in the home by simple common sense rules, and the use of safety measures, e.g. fire guards.

One preventable accident showing a particularly high incidence is poisoning. Of the 31 reported cases 25 had not reached their third birthday. In fact all but two were under five years old.

Fluids used in "do-it-yourself" activities about the house accounted for 5 cases. In one of these turpentine was kept in a bottle colourfully

and pictorially labelled "Lemonade". Eight cases were due to the ingestion of domestic bleach and disinfectants. 18 cases were due to taking medicaments of various sorts. In one of them a child took tablets which had been prescribed for his father, who had died seven years previously. In another a mother gave her baby a Junior Aspirin and left the bottle open while she put the baby in the pram. The four-year-old sister, jealous of the attention, consumed the remainder from the bottle.

Two cases of electrocution occurred. In one a child of $2\frac{1}{2}$ years plugged in the iron and switched the current on. His brother of $1\frac{1}{2}$ years removed the iron, and played at shaving with an electric razor with the live plug. In the other case a man had just fixed an electric fire in an outside toilet, and received a shock on pulling the chain.

FIREWORK ACCIDENTS

Are fireworks really worth it? It would seem that it is time to reconsider whether a continuation of this pagan festival is really worth while in view of the serious injuries that are each year inflicted on a number of people.

Explosives are dangerous. Carelessness may well bring suffering and serious injury to innocent bystanders as well as to those involved in actually letting off the fireworks.

Although in 1962 the number of casualties requiring hospital treatment, compared with the figures for 1961, was slightly reduced, the toll of injuries, disfigurements and suffering is still great.

Graphs Nos. 1 and 2 show the age distribution of the casualties reporting to the Leicester Royal Infirmary for 1961 and 1962.

Graph No. 3 shows the distribution of burns, eye injuries and other injuries for which treatment was required.

Careful analysis of the 25 cases referred to hospital for treatment during the period 18th October to 6th November, 1962, elicits the following facts:

- 7 adults required hospital treatment.
- 5 suffered injury to their eyes.
- 18 children were involved, 11 suffering injury to their eyes.
- Of the 16 patients with eye injuries, 4 cases had involvement of both eyes.
- 12 were of such a serious nature as to require the services of an ophthalmic specialist.
- 8 patients required admission to hospital.
- 2 children lost their eyes.
- 2 further cases had permanent scarring of their eyes.
- 2 patients required plastic surgery.
- 5 patients were still requiring out-patient treatment after three months of the infliction of their injuries.

Some of the fireworks may be said to have gone off inadvertently as in the case of the small boy whose banger went off in his pocket.

In some cases the action of the person discharging the fireworks can only be described as irresponsible, if not malicious.

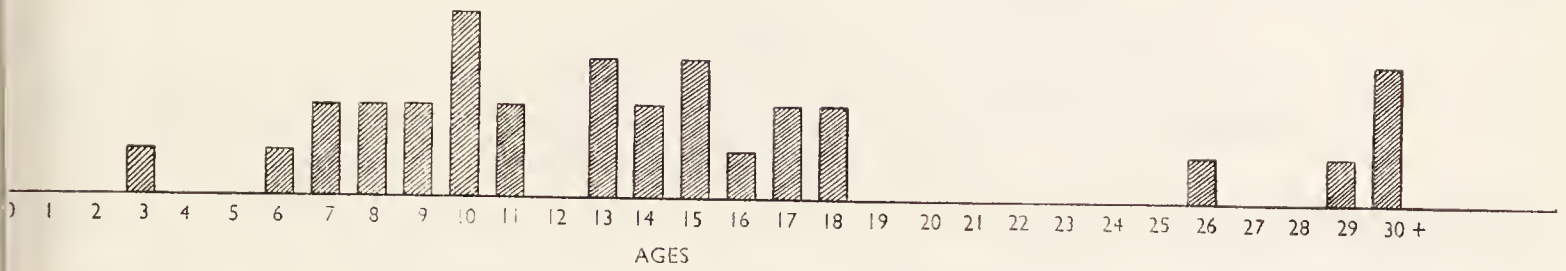
The suggestion that fireworks should be made less powerful again is of no help, as in at least two cases powder had been extracted and placed in a bottle before being fired.

FIREWORK ACCIDENTS

AGE DISTRIBUTION OF INJURED

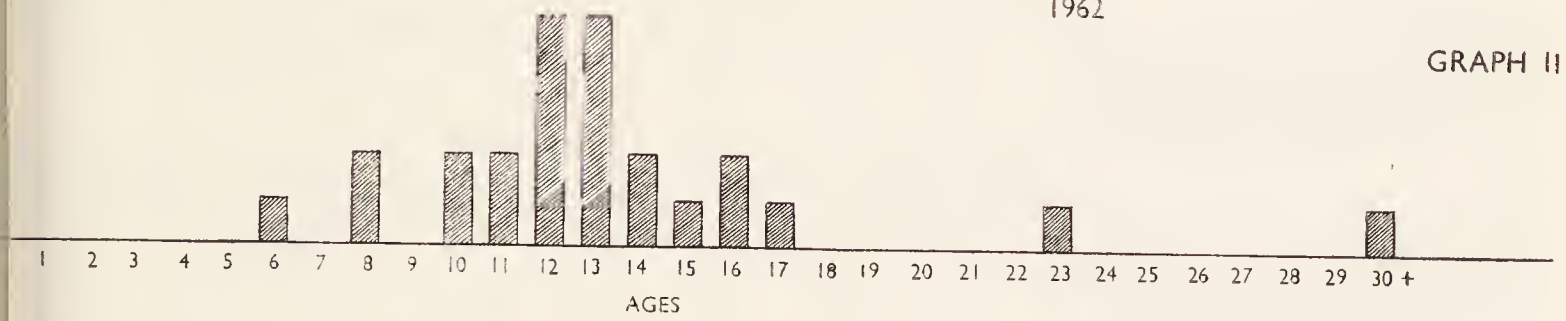
1961

GRAPH I

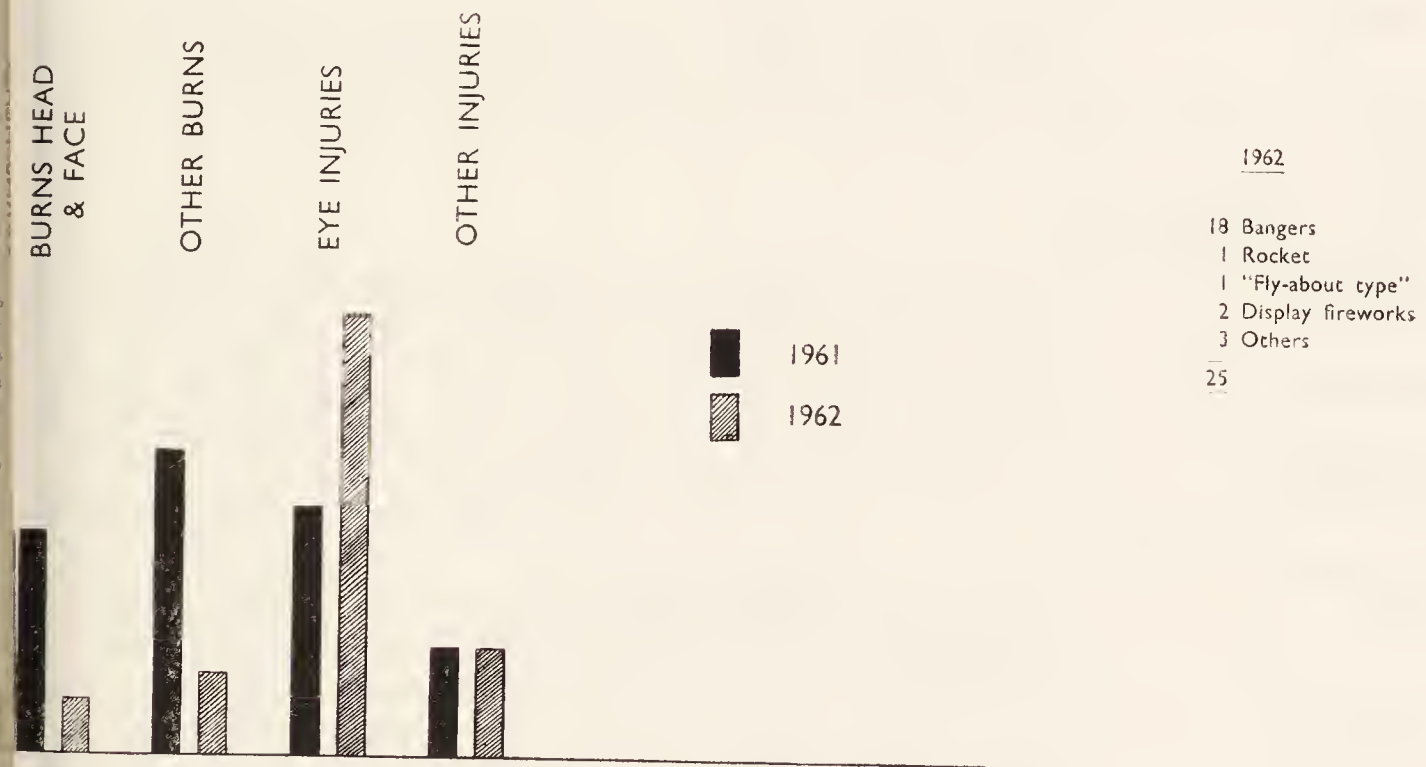


1962

GRAPH II



GRAPH III



VENEREAL DISEASE

I am indebted to the Physicians in charge of the Treatment Centre for the following table of cases treated, etc.

Table I
Incidence of Venereal Disease and Allied Conditions in 1962
(1961 figures are in brackets)

IN	Syphilis		Gonorrhoea		Other		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	Total
Number of cases under treatment or observation, 1st January, 1962	127 (109)	110 (102)	79 (55)	23 (21)	109 (89)	21 (14)	315 (253)	154 (137)	469 (399)
New patients during 1962 including inward transfers and returned cases	22 (38)	29 (31)	281 (177)	103 (69)	678 (762)	345 (375)	981 (977)	477 (475)	1,455 (1,455)
Totals	149 (147)	139 (133)	360 (232)	126 (90)	787 (851)	366 (389)	1,296 (1,230)	631 (612)	1,927 (1,841)
OUT									
Number discharged cured or needing no treatment	14 (12)	18 (19)	202 (130)	66 (53)	632 (726)	339 (361)	848 (868)	423 (433)	1,277 (1,300)
Defaulted	21 (7)	2 (3)	38 (12)	25 (12)	30 (2)	8 (7)	89 (21)	35 (22)	122 (41)
Transferred	2 (1)	— (1)	13 (11)	2 (2)	13 (14)	1 (—)	28 (26)	3 (3)	33 (29)
Remaining at 31st Dec., 1962	112 (127)	119 (110)	107 (79)	33 (23)	112 (109)	18 (21)	331 (315)	170 (154)	503 (469)
Totals	149 (147)	139 (133)	360 (232)	126 (90)	787 (851)	366 (389)	1,296 (1,230)	631 (612)	1,927 (1,841)

In addition to the usual figures supplied by the Physician-in-charge of the Treatment Centre at the Royal Infirmary, an analysis has been made of the patients treated according to their country of origin and age group.

TABLE II

Venereal Disease Figures, Male and Female (Local or Immigrant) for City

					Male		Female		
					Local	Immigrant	Local	Immigrant	
Syphilis Primary	..	..			1	—	1	—	(All males in 20—over group)
„ Secondary	..	..			1	—	—	—	
„ Latent, 1st year	..	..			1	—	—	—	
„ Cardio-vascular system	..	..			2	1	—	—	(17 females in 20—over group)
„ Central Nervous System	..	..			1	—	—	—	(1 female in 16–19 group)
„ Latent	..	..			2	6	6	11	
Totals	..	..			8	7	7	11	
Gonorrhoea									
Under 16 years	..	..			—	—	—	1	
16–19 years	..	..			4	15	22	4	
20 and over	..	..			72	158	45	13	
Totals	..	..			76	173	67	18	
Yaws									
16–19 years	..	..			—	1	—	—	
20 and over	..	..			—	3	—	1	
Totals	..	..			—	4	—	1	
Chancroid or Soft Sore	..	..			—	—	—	—	No cases
Homosexuals									
Syphilis Secondary	..	..			1 over 20 group				
Gonorrhoea	..	..			6 passive and 13 contacts				

From Table II it will be seen that the incidence of gonorrhoea amongst immigrants is twice as high as that amongst the local male population. Amongst females suffering from gonorrhoea, the highest incidence of infection occurs in local girls, in contrast to immigrant females. This may indicate either that the immigrant females are not coming forward for treatment or, alternatively, and perhaps more likely, the local girls are constantly re-infecting the immigrant males.

Table III gives the country of origin of immigrant patients. A particularly high incidence of gonorrhoea amongst West Indian males conforms to the findings of other cities in this country.

TABLE III
Incidence of Venereal Disease in Immigrants
according to Country of Origin

			Syphilis					
Country			Under 16		16—19		20 years and over	
			M.	F.	M.	F.	M.	F.
West Indies	—	—	—	1	5	9
Nigeria	—	—	—	—	1	—
Italy	—	—	—	—	1	—
Estonia	—	—	—	—	—	1
Totals	—	—	—	1	7	10

			Gonorrhoea					
Country			Under 16		16—19		20 years and over	
			M.	F.	M.	F.	M.	F.
West Indies	—	1	13	4	122	11
Nigeria	—	—	—	—	6	—
India	—	—	—	—	12	1
Kenya	—	—	—	—	2	—
Cyprus	—	—	2	—	3	—
Spain	—	—	—	—	1	—
Fiji	—	—	—	—	1	—
Eire	—	—	—	—	5	1
Sierra Leone	—	—	—	—	1	—
Pakistan	—	—	—	—	1	—
Somali	—	—	—	—	1	—
Uganda	—	—	—	—	2	—
Sudan	—	—	—	—	1	—
Totals	—	1	15	4	158	13

National Health Service Acts

(SECTION 29)

Home Help Service

In November, 1962, the Organiser, Deputy Organiser and the Clerical Staff moved from 138 Regent Road to the top floor of 1a Grey Friars. This completed the decentralization of the Organising Staff of the Home Help Service which began in 1961.

All the District Organising Staff now work in close contact with the District Nursing and Health Visiting Staffs in their own districts. The mutual understanding and co-operation between the three services has grown and contributed to a more efficient domiciliary service to the householders concerned.

Staff

(a) *Organising and Clerical*: As a result of resignations, various changes took place amongst organisers and clerical staff.

(b) *Home Helps*: The difficulty in recruiting Home Helps continued, and the number of staff employed at the end of the year was the lowest for many years. This is partly due to the fact that no Preparation Course was held in November/December, 1962, as the records prove that the Courses held during this period in past years did not usually produce staff who remained very long in the Service.

There were signs by the end of the year, however, that the employment position in the City might make it a little easier to recruit Home Helps, and sixteen trainees had signified their intention to start the Preparation Course on 7th January, 1963.

The number of staff at 31st December, 1962, is given below, together with comparisons for 1961 and 1960.

				<i>Total Number of Home Helps on Pay-Roll</i>		
				1962	1961	1960
(i) Full-time	..	..	..	122	148	185
(ii) Part-time	..	..	..	77	73	36
(iii) Full-time equivalent of (ii)	..		..	54	56	24
				—	—	—
Total effective full-time Staff	..		..	176	204	209
				—	—	—
Home Helps resigned during the year	..		..		..	77
Home Help Trainees engaged during the year			..		..	39
Home Helps re-engaged during the year	..		..		..	16
Total loss of Home Helps	..		..	..	..	22

The Work of the Service during 1962

The following table shows the requests for help which were met in 1962 in the different categories of help required in the home, in accordance with Section 29 of the National Health Service Act, 1946:

				1962	1961	1960
(a) Maternity	..	..	..	223	305	432
(b) Tuberculosis	..	..	..	38	52	56
(c) Chronic sick, including aged and infirm				1,853	1,880	1,820
(d) Others	..	..	..	163	191	223
(e) Night Help	..	..	..	9	9	7
				<hr/> 2,286 <hr/>	<hr/> 2,437 <hr/>	<hr/> 2,538 <hr/>

In addition to the nine cases of night help included above, forty-five householders received night help during the year, but as help was also given during the day, they are included in (c) above.

The scope and nature of the work of the Service are still not fully understood by many people, and a considerable number of applications for help are received which, when investigated by the Assistant Organisers, are found not to qualify for help from the Service.

These investigations can be time consuming and may require contact to be made with other domiciliary services, e.g. Meals on Wheels, to help applicants, but because no Home Help is allocated they are not reflected in any statistical record of the work of the Service.

The figures quoted above for confinement help show that 223 cases were attended, but 300 bookings were accepted and help guaranteed for that number of confinements. In the majority of the 77 cases where the booking was not taken up, no notification was given by the householder that help would not be required. This causes unnecessary work, is frustrating for the Organiser and particularly serious for applicants who were refused help because the maximum number of bookings had been accepted.

81.3% of the homes helped during the year were those of the chronic sick, including aged and infirm. The amount of help given is decided upon by the Assistant Organiser after her assessment of the need of the householder, and can range from a weekly afternoon call for cleaning only, to a daily call of varying length for lighting fires, preparing breakfast, personal attention and mid-day meals.

Much of the time of the Home Help is spent in shopping and pension collecting, and other work of a good-neighbourly character.

It is considered that the Home Helps could be more effectively used for the chronic sick and for confinement help at short notice, and the Service revert to a much greater degree to an emergency service, if some of the simple, but important chores like shopping and pension collecting could be carried out by voluntary workers. There is a wealth of good neighbourliness lying untapped which could be utilised to advantage. It is disheartening for an Assistant Organiser to receive an urgent application for help for a mother or father of a young family in such an emergency, to have no help available because so much of her labour force is occupied on work of this character.

The extension of the "Meals on Wheels" Service during the year has been of great assistance to the Home Help Service, and it is anticipated that its further extension will release Home Helps for emergency and confinement help although many of the householders receiving "Meals on Wheels" will still require the service of the Home Help.

Thanks are due to the staff of the Welfare Department with whom excellent co-operation has been maintained not only in connection with "Meals on Wheels" but in all aspects of the work with the elderly and handicapped.

Organisation of the Service

The district organisation of the Service was reviewed early in 1962 following the opening of the Branch Offices in the Loughborough Road and Valence Road Nurses' Homes in 1961.

In this review it was found that the anticipated improvements in staff supervision and routine visiting of householders were not achieved in two of the districts because of the unevenness of case loads. The City was therefore re-divided into seven districts of reasonably even case loads, with branches based on the Loughborough Road, Valence Road and (later in the year) New Walk Centres. The duties of the Organiser, Deputy Organiser and the Assistant Organiser supervising help for problem families were altered, to provide an Assistant Organiser for the seventh district without engaging further organising staff.

The Organiser now deals personally with recruitment and training of the Home Helps, and the Deputy Organiser, who holds a diploma in Social Science, supervises the help given to "hard core" problem families, whilst continuing to organise help for people suffering from "active" tuberculosis or other infectious diseases.

Changes in the physical structure of the City are creating changes in the pattern of demand for help. Demolition and slum clearance in the

central area of the City, and the transfer of people to housing estates on its perimeter will affect case loads. Furthermore, the needs of areas vary, and equality of case load can disguise a wide variation of work. For these reasons the present lay-out of districts cannot be regarded as permanent.

Changes in the structure of the City also affect the districts from which home helps are recruited. Increasingly recruits live on housing estates a considerable distance away from areas where the need for help is concentrated. Recruitment is often geographically uneven; too many applicants from one housing estate and not enough from another add to the difficulties of organising help to keep travelling time to a minimum in the interests of economy and efficient use of labour.

Recruitment and Training of Home Helps

Four Preparation Courses for new home helps were organised in 1962. 39 trainees were taken through a six weeks' programme of practical work, training and demonstrations in cooking for a variety of needs; use of household equipment, prevention of accidents in the home, child care, budgeting and the care of the elderly and the sick. Lectures are given by medical staff, section heads, and by officers of other domiciliary social services, to give the trainee a background knowledge of these services, and her place therein. The Course is designed to widen the experience of the trainee and to give her that confidence in herself and the Health Department which will enable her to perform the many varied, often unpleasant, tasks in the home she will be asked to carry out.

After the first week, two days of each of the remaining five weeks are spent in the homes of householders with experienced home helps; two days training in cookery and general housework by the Education Department, under the guidance of a tutor in domestic subjects, and one day in the Head Office for talks, discussion groups, and films.

This report provides a welcome opportunity to thank all the people who help in the Preparation Course. The co-operation and practical help received from the Education Department through the Principal of the Central Institute, Miss Ash, is particularly valuable.

Other Activities

A number of talks have been given by the Organiser and Deputy Organiser to Women's Organisations in the City on the work of the Service. These talks give an opportunity to explain the Statutory limitations of the Service, and to stimulate recruitment.

The liaison between the Teachers' Training College, and the Domestic Science Training College has continued, and talks have been given to groups of students in both colleges. Thirty students from the Domestic Science Training College worked as trainee home helps for a day, in the homes from which the children they will teach are drawn.

Twenty-one student health visitors spent one day with an Assistant Organiser as part of their training course.

The home helps continued their extra-service interest in their householders, and in addition to the many individual acts of kindness and generosity outside the bounds of their work carried out over the year, organised gifts for the housebound at Christmas, going to considerable lengths to ensure that none was forgotten. Gifts of toys and food were made to those families deprived of normal festivities at Christmas.

Emergency Service

In spite of strain created by a shortage of home helps, all emergency calls on the Service were investigated by the Assistant Organiser and, where justified, help was given immediately.

The neighbour of a widower, aged 67, living alone, telephoned for help on his behalf. He was found to be seriously ill with pneumonia. The home was dirty, the property was old and in a poor state of repair.

Arrangements were made for a Home Help to call three times during the day; firstly to light his fire, prepare his breakfast and tidy up; at mid-day to prepare a meal, and late in the afternoon to give him his tea. The Assistant Organiser was able to arrange with a neighbour to give him a call about 10 p.m. each night. The District Nurse called daily to give injections.

The Home Help cleaned up the house as much as possible, washed curtains, and provided fresh ones for the kitchen.

As he slowly improved help was cut down, only to be restored again when he developed pleurisy.

He is now well enough to manage with a once daily visit from the home help.

An Education Welfare Officer was concerned at the non-attendance at school of a fourteen-year-old girl, who was looking after her sick widowed father, and sought help for the father to let the girl attend school.

The family circumstances were investigated and it was discovered that the father suffered from a severe physical deformity and was bed-

bound; there was a son aged thirteen and the fourteen-year-old daughter. They were living in two attic rooms of a large house, the remainder of which was let off room by room to male lodgers. This was a cause of anxiety to the father because of his inability to protect his daughter.

Help was given immediately to remove the threat of prosecution for the girl's non-attendance at school and the Housing Department were asked to assist in providing alternative accommodation.

The Welfare Department were contacted to see if any help could be given to ease the burden of the man's physical handicap.

The father's health improved and he was able to get up. The fact that someone was taking interest in the family gave the father an increased sense of responsibility and independence.

Help continued for a short period, until the family moved from the City.

An application for emergency help for a woman who had been delivered of twins in a Maternity Home a fortnight earlier, was received from the Matron of the Home. The woman was being sent home with one baby; the other was to be kept in hospital a little longer to enable the mother to adjust herself to her new responsibilities.

Investigation by the Assistant Organiser revealed the fact that the father was a foreigner with a limited knowledge of English, the mother was in her thirties, and the twins were their first children. The mother was highly strung and totally unprepared for motherhood, and had little or no confidence in her own ability to look after the babies. Both parents were afraid to go to sleep at night in case the baby needed attention and suffered for lack of it.

Daily help from 9 a.m. to 1 p.m. was given for two weeks by which time the second twin had been sent home, and the mother's self confidence had been built up sufficiently to enable her to cope satisfactorily with the babies.

Chronic Sick and Elderly

Neighbours of an elderly woman living alone were concerned because she had not been seen for several days. They called in her doctor, who attended and reported the patient to the Superintendent, District Nurses. The Home Help Service was also asked to assist.

When the Assistant Organiser visited, taking a Home Help with her to give immediate attention, she could not get into the house. The door

had been locked from the inside and the patient was unable to get to the door.

The Police were informed and got in through the bedroom window. Although she was obviously ill she refused to go into hospital.

A second visit was made by the Assistant Organiser on the same day and two nurses also attended. The patient's legs were frost-bitten and showed evidence of fireburns; she was also suffering from malnutrition.

The nurses washed her and dressed her legs. A neighbour helped to get a bed downstairs, the Welfare Department laid on a mid-day meal, and a Home Help was sent in each day.

The house was dirty and neglected but the neglect was not of long standing. A determined effort by the Home Help soon restored the home to a state of order and cleanliness. The patient refused to go into hospital and daily help continued to be given, with a neighbour helping out on Sundays. She has continued to improve and it is probable that help will be reduced in the near future.

This case illustrates the co-operation between the Nursing and Home Help Services, and the value of close personal contact between senior staff in both services. It is also an example of co-operation with the Welfare Department and the help to be obtained from good neighbours.

Another old lady aged 76 years, arthritic and suffering from malnutrition, was referred to the Service by the Welfare Department. She was intensely independent, and difficult to help because of this independence. She resented what she called "interference" and insisted on the right to live in her own fashion.

Her house and person were reported to the Service by agencies who visited her as being "filthy", and some criticism of the Home Help Service was implied because no obvious change could be seen as a result of the Home Help's visit.

The house and the old lady were certainly dirty, but it was surface dirt, and could have been cleaned up quite simply had she permitted this, but she flatly refused to have more than a short visit from the Home Help. One of the dangers in helping old people is that of trying to impose standards on them which are unfamiliar to them. They can become unco-operative and, quite often, unhappy.

The Home Help did win the old lady's co-operation, and she eventually came to welcome her visits, but she still fiercely defended her independence. Ultimately, however, the severity of the winter defeated

her: pipes froze and burst, fuel ran out, and she was admitted to Hillcrest.

Night Help

A case which illustrates the need for a night help service is that of an old lady, aged 76, who was receiving day help. Her physical health was fairly good and her home clean, but frequent calls from the Service were necessary because of her confused state of mind.

Her only relative was a daughter living in the South of England and her visits were of necessity infrequent.

In the early summer the old lady's health deteriorated and her mental confusion increased. Efforts were made to get her admitted to hospital, and in the meantime night help was given because it was no longer safe to leave her for any length of time. She died quite suddenly one night, whilst the Night Help was in attendance. Her daughter had been contacted by the local police, but she was unable to get to her mother before she died.

Infectious Diseases

This group was merged with the problem family group during the year. Patients no longer suffering from active tuberculosis, but who were not fit in other ways to look after themselves, were passed over to other groups. Consultation with the Chest Unit was held in these instances.

The circumstances of the family where a patient is being helped is a deciding factor on the intensity of help given in these cases.

A middle aged couple were referred for help, primarily because the wife was under psychiatric care for mental instability and anxiety neurosis. The husband was in the last stages of advanced pulmonary tuberculosis. The wife was not in fact able to care for him and daily help was given to relieve her of some of the responsibilities and anxieties. The husband had accepted his illness with calm, but his wife could not really face the situation and this had led to her breakdown.

The home help supported this couple with her practical help and the wife relaxed more, and was able to discuss her problems more objectively.

Even though her husband died recently the widow has not given way to self pity, but has continued to improve in her mental condition.

“Problem” Families

The re-organisation of the duties of the Deputy Organiser to give her responsibility for the “problem” family group, provided an opportunity to review the role played by the Home Help Service in the care of such families. It is considered that it is in the sphere of prevention—prevention of break-up of families and prevention of low standards of child care, and home management—that the Service has its most positive role to play. Under the guidance of a qualified organiser the home help’s practical and friendly approach to a family overburdened with debts and living in dirt and squalor can lay a foundation on which to build more socially acceptable standards.

The Service has therefore concentrated on helping those families whose greatest need is practical help, leaving those who need long term case work to other agencies. This involves close collaboration at officer level with a number of bodies, statutory and voluntary, in order that families may be helped according to their individual needs. This approach requires ability on the part of the Organiser to assess the causes of observable strains and stresses in the family.

One such family had received help from the Service on several occasions, usually when the mother was pregnant. There are six young children, the mother is frail, nervous and undernourished, with no idea of budgeting or household financial management. There is a history of marital stress and a lack of understanding, on the part of the father, of his wife’s difficulties. Apart from times when the mother is confined, however, the home is spotlessly clean and the children reasonably fed and clothed in spite of a burden of debt. It was considered that the problems in this home could better be helped by an agency which could give time to the family as a whole, and particularly father, which meant much evening visiting. This was agreed on the understanding that should the Home Help Service be needed, it would be available. A request for help to be restored was received recently because of the mother’s further pregnancy, and this has been arranged.

Of the 70 families receiving help in 1961, fifty-seven were carried forward into 1962. The statistical position is as follows:

Families brought forward from 1961	..	..	57
New families referred during 1962	..	..	9
New periods of help opened	..	..	2
<hr/>			
Total number of families helped during 1962		..	68
<hr/>			
Families where help was withdrawn during the year		..	18
Families carried forward to 1963	..	..	50

The sources of referral of the nine new families were:

Health Visitors	4
Mental Health Department ..	2
Hospital Almoner	1
Children's Department	1
Education Welfare Officer ..	1

and of the new periods of help:

Social Workers, Towers Hospital ..	1
Health Visitors	1

Help was withdrawn from 18 families for the following reasons:

Families who had remained stable for a period and maintained reasonable standards	7
Families who would not accept help for a long enough period to lead to any real improvement	5
Families left the city	3
Family evicted for rent arrears	1
Family where father was convicted of neglect of children and sent to Prison and children taken into care ..	1
Family referred to another agency	1

Although no help was being given to these families at the end of the year, they cannot be considered "closed". Should the need arise, i.e. pregnancies or the development of new strains in the family, help could be restored.

The following illustrates the work involved in one of the new families referred during the year:

A family composed of parents and six children, the youngest six months old, was referred by the Health Visitor for help, because the mother was suffering from gastro-enteritis, and the children were under-nourished.

When it was realised that the dirty home and the state of the children were the outer symptoms of a much deeper disharmony in the home, the family was treated as a "problem". There was a very unco-operative relationship between husband and wife, where love had gone out of the window, and the children jockeyed for privileges with the parents. The eldest son seemed to enjoy a favoured position with his father, out of all proportion to the rest. There was not so much a shortage of resources as unwillingness to put them to the use of the entire family. Two people, i.e. the father and the eldest son seemed to have the bigger share.

A considered plan to bring the family into closer unity began. The Deputy Organiser had many personal talks with the husband and wife

to allow them to air their separate frustrations, which were based on realities. The mother was jealous of the eldest boy, who enjoyed more affection from father than she herself got, and father was fed up with his wife who is mentally retarded and a bad housekeeper, and very slovenly in her appearance. He had no real incentive to be nice to her. To remedy this situation the Home Help has been working with the mother for several months now, teaching her housecraft, budgeting and encouraging her to make more of herself. Father in turn was given encouragement to stay at home more, by asking him to re-decorate the kitchen and take more interest in his children. He goes out less frequently in the evenings, and thus gets to know his younger children better.

Although efforts have to be sustained to keep this family together, the break-up of the home has been averted. The mother, without help, would have left home when she was feeling so unwanted, and it is doubtful whether her husband would have done much to keep the family together.

Whilst any classification of these families over-simplifies the complicated factors which cause them to be “problem” families, the following table gives some indication of the environment in which the home helps have worked:

	<i>Referred in 1962</i>	<i>Help continued from previous year</i>
1. Families where the major factor is the mental health of the mother	3	18
2. Families where the major factor is the physical health of the mother ..	3	10
3. Families disturbed by marital relationships	2	8
4. Families where the major factor is physical and mental instability of the father ..	—	4
5. Families where the major factor is low standards of home management and child care	3	14
6. Families where mother has died or is in-patient at Towers Hospital	—	2

The Special Scheme for providing home help free of charge to families who would otherwise be chargeable for the Service continued in 1962, as follows:

Families receiving free help at 1st January, 1962 ..	27
Families withdrawn from free list during 1962 ..	6
Families admitted to Special Scheme after approval by General Welfare Sub-Committee during 1962 ..	3
Families on the Special Scheme at 31st December, 1962	24

In addition to these families, help was provided at half cost for a family where the comparatively young mother of two small children was suffering from cancer and refusing much needed help on account of the charge. The mother has since died.

These families have been included in the Scheme for free help because of their need for help, but any charge for help would have either resulted in an additional financial burden on an already hard-pressed family budget, or a blank refusal of the help badly needed.

The families referred to above all display evidence of problems of mental or physical health, low standards, emotional tensions within the family, and bad management of household finances.

The three new families brought into the scheme during 1962 share 26 children between them, the ages of which range from $1\frac{1}{2}$ years to 14 years.

In two cases the major factor contributing to the problem was the physical health of the mother, and in the third the mother's low mental capacity allied to her poor physical health means that the family will need intensive support for a long time.

The amount of help given to each family varies considerably. There are periods when help can be reduced, to be stepped up again in times of crisis.

One mother with a heart condition, which is the major cause of the problems in the home, periodically needs full time help for several days, but for most of the time a once weekly call suffices.

The total number of children involved in the help given to "problem" families during 1962 is 416, of whom 13 are in the care of the Children's Department. Without the help of the Service it can be safely assumed that many more of the children would have been received into care. The long term supportive help given to these families is a positive, practical attempt to improve physical and material standards, but it also helps to reduce strains and tensions within the family, and to break down neighbour criticism which is often an important contributory factor in the "problem". Apart from the satisfaction of keeping a family together as a unity, the economic saving to the community as a result of the help given by the Service is not inconsiderable.

National Health Service Acts

(Section 51)

Mental Health Service

This Service is one where the foundations have been laid for progress and development concerning the prevention, care and treatment of mental disorder.

Field work development, co-operation and co-ordination with all associated with mental disorder in hospitals and in the community progressed to a very satisfactory level and must be in the forefront of Local Authority schemes to this end.

The Mental Welfare Officer-Hospital Consultant relationship is extremely satisfactory, despite the administrative hazards which once would have prevented such a partnership.

A change of premises was effected on November 1st, when this department transferred from the Municipal Offices, Charles Street, to more commodious premises at No. 10, Loseby Lane.

We now have adequate office accommodation for the administrative staff and for field workers, plus added facilities of waiting rooms, interview rooms and a consulting room. Further administrative organisation is planned to make for improvement in dealing with the increasing volume of work.

Our Junior Training Centre is well established at the Emily Fortey School where we work extremely closely with the School Medical Service.

A change of premises was also necessary during the year for our temporary Adult Training Centre, but by the end of the year there had been a 50% increase in the number of trainees in attendance and more remunerative and useful work resulted.

The first community Mental Health Social Club was inaugurated in the Autumn.

Staff

At the Mental Health Department some staffing difficulties were experienced, chiefly because of the national shortage of trained staff for this work. Appointments invariably have to be made with a view to training the officer on the job and it is no easy matter to do this whilst all

sections of the department are under increasing pressure and developing along previously unexplored lines.

In January the result of the Organisation and Methods review was an increase in establishment of a Deputy Chief Mental Welfare Officer (appointment to be deferred for one year), 1 Mental Welfare Officer, 1 Mental Welfare Assistant and 1 Junior Clerk Receptionist, thus making a total establishment of the Chief Mental Welfare Officer, Deputy Chief Mental Welfare Officer, 9 Mental Welfare Officers, 5 Mental Welfare Assistants, 2 Clerk/Shorthand Typists and one Junior Clerk Receptionist.

Staff gains and losses, however, resulted in the department being under-established on 31st December, 1962, by the Deputy (appointment deferred), 2 Mental Welfare Officers and 1 Mental Welfare Assistant.

At the Emily Fortey School the staff consisted of the Supervisor, Deputy Supervisor, 5 Assistant Supervisors, 2 male handicraft teachers, 3 nursery assistants and 1 part time laundress. There is also 1 full time gardener handyman. The part time staff consists of 1 cook, 1 assistant cook, 3 kitchen assistants, 2 dining room assistants, 4 bus attendants and 2 cleaners.

At the Adult Training Centre the staff consists of the Supervisor, 2 Assistants and 1 Driver/Handyman.

Field Work Organisation

Co-operation, co-ordination, good personal relationships and a good communication system are basic necessities for a comprehensive community care service. In practice all these are achieved in the integrated scheme operated, so that any doctor, social worker or any person interested in the welfare of someone believed to be mentally sick, whether they be in hospital or in the community, has immediate access to the total resources of a team once contact is made with one of its members.

The Mental Welfare Officers are divided into three teams, each team working in the closest possible association with three teams at the Towers Psychiatric Hospital for mentally ill patients. Each clinical team at the Hospital basically consists of a Consultant Psychiatrist, a Senior Hospital Medical Officer, Junior Hospital Medical Officer, a Registrar and a General Practitioner. Each Hospital team also has an Assistant Chief Male Nurse, an Assistant Matron, its own Hospital Social Worker, Occupational Therapist and Chaplain. Each Mental Welfare Officer team consists of 1 Mental Welfare Officer Team Leader, 2 Mental Wel-

fare Officers and 1 Welfare Assistant. Each combined team is "on take" for emergencies for one week at a time, and duty rotas provide for 24-hour day, seven-day week complete coverage, one week in three. Mental Welfare Officers provide Social Histories, attend Outpatient clinics, case conferences, follow up admissions and assist with the preparation for rehabilitation and after-care.

A similar close working relationship exists with the Glenfrith Hospital, to which psychiatric hospital are admitted patients who suffer from subnormality or severe subnormality.

Supplementary to the teams are 2 Mental Welfare Assistants, one who deals with B or transient cases (referred to later in the report) and one who deals with all patients under 16 years of age, whether or not they are considered acute cases.

All 3 teams share the services of these 2 officers.

ACCOUNT OF WORK CARRIED OUT

Referrals

At the beginning of the year the case load totalled 1609 cases.

During the year 671 new patients were referred, making 2,280 patients dealt with during the year.

The source of referral of the 671 new cases coupled with 309 already known is shown in Appendix "A" which indicates the origin of referral of 980 cases.

Admission to Hospital

Of the 980 patients referred 508 patients were admitted to psychiatric hospitals by officers of the department.

Of the 508 admissions

433	were to the Towers Hospital, Leicester
13	were to Carlton Hayes Hospital, Narborough
1	was to St. Andrewes Hospital, Northampton
61	were to the Glenfrith Hospital, Leicester

508 Total admissions

It is estimated that a further 259 Leicester City patients were admitted to the Towers Hospital direct during this period. These are likely to be all informal admissions and instances where there was no need for Mental Welfare Officer participation.

The method of admission of the 508 patients was as follows:

Column A=New patients

„ B=Patients previously known

Type of admission	New Patient	Known Patient	1962		1961	
	A	B	Total No.	%	Total No.	%
Informal Mental Health Act, 1959:	89	122	211	41.75	169	41.5
Sec. 29 (Emergency)	104	69	173	34.00	122	30.00
Sec. 25 (Observation)	6	12	18	3.75	19	4.60
Sec. 26 (Treatment)	—	4	4	.75	7	1.70
Sec. 60 (Court order)	1	8	9	1.75	3	.70
Temporary care ..	—	37	37	7.00	36	9.00
Returned patients ..	4	52	56	11.00	51	12.50
Total ..	204	304	508	100	407	100

First admissions and re-admissions	1962		1961	
	No.	%	No.	%
Those admitted for the 1st time ..	194	38.20	139	34.00
„ „ „ 2nd „ ..	121	24.00	71	17.50
„ „ „ 3rd „ ..	52	10.20	59	14.50
„ „ „ 4th „ ..	26	5.10	34	8.50
„ „ „ 5th „ ..	23	4.50	19	4.50
„ „ „ 6th „ ..	16	3.00	17	4.25
„ „ „ 7th „ ..	8	1.60	5	1.25
„ „ „ 8th „ ..	7	1.40	4	1.00
„ „ „ 9th „ ..	1	.20	5	1.25
„ „ „ 10th „ ..	4	.80	3	.75
Returned patients	56	11.00	51	12.50
Total	508	100	407	100

Of the 56 returned patients 54 were to the Towers Hospital and 2 were to the Glenfrith Hospital.

Once the patient is located little difficulty is experienced in successfully encouraging patients who inadvisedly leave hospital to return for

continued treatment. The good communication system, coupled with an excellent Doctor/Mental Welfare Officer/Patient relationship maintained in every necessitous case, helps tremendously in achieving patient co-operation.

The status of the 56 patients was as follows:

Informal patients	..	41
Section 29	„	1
„ 25	„	7
„ 26	„	7
		—
Total	..	56
		—

Of the 61 admissions to the Glenfrith Hospital 24 were for long stay care and 37 were admitted for a temporary period either to afford relief for parents or for diagnostic purposes. New drugs and forms of treatment are often recommended as a result of these short stay admissions. Almost every admission for diagnostic purposes follows an appointment at the out-patient clinic which is now being held at regular intervals.

The waiting list for long stay care for Subnormal and Severely Subnormal patients at 31st December, 1962, was as follows:

	Urgent				Non-urgent				1962 Total	1961 Total
	Under 16 years		16 years and over		Under 16 years		16 years and over			
	M.	F.	M.	F.	M.	F.	M.	F.		
Severely subnormal Cot and Chair ..	—	3	—	1	—	—	—	—	4	3
Ambulant ..	3	3	1	3	2	3	3	7	25	25
Subnormal Ambulant ..	—	—	—	—	—	—	2	—	2	2
Total ..	3	6	1	4	2	3	5	7	31	30

Whilst urgent and non-urgent categories of need are shown in the preceding table the position changes from day to day and in practice, when a long stay care bed becomes available, the most urgent and most suitable patient is selected at that time. Then in order to make the fullest use of a vacant bed, such a bed is often used for one or two similarly urgent cases to have temporary care before finally admitting the selected long stay care patient.

However, as will be seen in the following list, this happened but once during 1962. 23 of the 24 long stay admissions were sought and obtained because of community care emergencies or because of court action and only 8 of the 24 patients were on the waiting list at the time of the emergency need.

Hospital Treatment of Subnormal and Severely Subnormal Patients

Age	Sex	Waiting List	How Admitted	Why patient selected for admission
*6	M	2 yrs. 4 months	Informally	Waiting list priority
12	M	5 months	Informally	Court action
16	M	Nil	Section 60	Court action
16	M	Nil	Section 60	Court action
17	M	Nil	Section 60	Court action
17	F	Nil	Informally	Emergency/Community Care
17	M	Nil	Section 60	Court action
19	M	Nil	Section 60	Court action
23	M	Nil	Section 60	Court action
24	M	Nil	Section 60	Court action
26	M	Nil	Section 60	Court action
26	F	Nil	Informally	Emergency/Community care
26	M	Nil	Informally	Emergency/Community care
29	F	6 months	Informally	Emergency/Community care
29	M	Nil	Section 60	Court action
30	M	Nil	Section 60	Court action
31	F	2 yrs. 4 months	Informally	Emergency/Community care
32	F	2 yrs. 3 months	Informally	Emergency/Community care
34	F	Nil	Informally	Emergency/Community care
44	F	Nil	Informally	Emergency/Community care
44	M	2 months	Informally	Emergency/Community care
46	M	3 months	Informally	Emergency/Community care
50	F	Nil	Informally	Emergency/Community care
52	F	6 yrs	Informally	Emergency/Community care

*This was the only admission where the vacancy was offered before the patient was selected.

In all other instances an emergency situation arose which could only be met by admission.

This will no doubt indicate the reason for the comparatively static waiting list state. In order to obtain relief for the parents and relatives of these patients an increasing number of applications have to be made for short term care and whilst the Physician Superintendent and his Deputy managed to meet almost every such application during 1962, it is becoming an increasing problem to satisfy all such requests.

Community Care

Of the 2,280 patients dealt with during the year 301 ceased to be live or active cases at the year's end.

Those referred who did not need hospital care or further community support after initial action had been taken	122
Those who were admitted to hospital, but City Mental Welfare Officers' follow-up was not necessary	.. 19
Finalised cases, no further need for active community care, including those who died, left area, were lost trace of, etc.	.. .. .. .. 160
Total deletions from case load during 1962	.. .. 301

Note.—Finalised cases : Improved sufficiently to seek aid again as a fresh case only. Visiting card given should this be necessary.

At the end of the year we had 1,979 live cases on the register and the type of disorder of these patients was as shown in Table A on page 22.

The whole case load was kept under constant review throughout the year and the analysis at 31st December based on the following case states is now shown.

- A = Acute: Active cases with case work problems. Need for continued support at Team level.
- B = Transient: Less acute cases. Readjustment almost complete. Practised eye need be kept on them by Department. Some of these at Team Welfare Assistant level.
- C = Pending Assessment: Dormant perforce. Cases where recent contact has not been made.
- D = Dormant: No acute need. Readjustment complete but District Health Visitor could be advised to watch for signs of relapse. May need help again at some future date.

TABLE A

Age	Mental Illness		Psychopathic Disorder		Subnormality		Severe Subnormality		Total		Grand Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	1962	1961
Under 16 years..	2	2	—	—	—	—	82	73	84	75	159	129
16—30 ..	91	89	7	3	11	12	202	156	311	260	571	472
31—60 ..	339	329	1	—	5	5	188	143	533	477	1,010	827
Over 60 years ..	63	147	—	—	1	—	11	17	75	164	239	181
TOTAL ..	495	567	8	3	17	17	483	389	1,003	976	1,979	1,609

TABLE B

Ages	Under 16 years		16—30		31—60		Over 60 years		Totals		Grand Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	1962	1961
A. Acute Cases ..	84	74	184	148	247	246	42	81	557	549	1,106	589
B. Transient ..	—	1	60	50	115	81	13	29	188	161	349	318
C. Pending ..	—	—	—	—	—	—	—	—	—	—	—	376
D. No acute need	—	—	67	62	171	150	20	54	258	266	524	326
TOTAL ..	84	75	311	260	533	477	75	164	1,003	976	1,979	1,609

Training

The Emily Fortey School has 135 places and whilst it is the intention to make this our Junior Training Centre and ultimately provide at this establishment for subnormal and severely subnormal children under 16 years of age, we are as yet unable completely to provide separately for those who have reached 16 years. A pilot Adult Training Centre was opened in September, 1961, and by 31st December, 1962, 24 male Trainees were in daily attendance, and whilst it is hoped that this number will be more than doubled within a year, there are likely to be limitations because of the temporary nature of the premises. No separate Adult Training facilities are yet available for females over 16 years and the Emily Fortey School register on 31st December comprised 136 names, the age range being as follows:

Actual attendances during the year totalled 22,518 out of a maximum possible 26,522, equal to more than 84%.

	M.	F.	Total 1962	Total 1961
Under 5 years ..	1	—	1	2
5—10	31	11	42	34
11—15	17	27	44	40
16—20	12	9	21	19
21—30	6	14	20	19
31 and over ..	3	5	8	12
Total ..	70	66	136	126

Transport was necessary for all but 7 of the pupils and although we managed with 3 hired buses and 1 ambulance for most of the year, a fourth bus replaced the ambulance in early October and a general easement of the transport problem was thus made.

Periodic medical examinations are carried out. A Health Visitor attends each week. Dental inspection and treatment are given via the School Dental Service. Re-examinations to assess pupils' progress are also carried out. There are many advantages gained by co-ordinating the work of the School Medical Services with that of the Mental Health Department.

Numerous visitors come to the School during the year and whilst this might seem a strain on staff time, it is amply rewarded by appreciative reaction from the visitors and the effect their visit will undoubtedly have on the more general distribution of information of the work that is done for the mentally handicapped child.

EMILY FORTEY SCHOOL DENTAL SERVICE REPORT

The older pupils in the school have been transferred to the City of Leicester Health Department Adult Training Centre and consequently were not inspected.

The remaining pupils, including those in the crèche, were inspected however, and these totalled 121, of whom 29 had no dental defect. Twenty-one pupils were referred for treatment and 18 of them accepted the offer. 29 attendances for treatment were made at Richmond House, 13 for general anaesthetics, and the Ambulance Service transported the patients to and from the clinic for both the extraction and filling sessions.

I would like to refer at this stage to the remarkable tolerance of the children to any form of dental treatment. This is in no small measure due to the capabilities of Mrs. Taylor and her staff, and my thanks are extended to them for the assistance and co-operation received both at the Emily Fortey School and at the clinic.

Dental Inspection and Treatment

Year	No Treatment Required	Defective not Referred	Defective Referred for Treatment	Inspected	Anaesthetics Given
1962	29	71	21	121	13
1961	23	60	51	134	31

Year	Permanent Teeth Extracted	Temporary Teeth Extracted	Permanent Teeth Filled	Dentures Fitted
1962	26	26	6	—
1961	49	11	10	2

E. T. CUNNELL, B.D.S. U. Drhm

Adult Training Centre

Pending progress towards the provision of a purpose built Adult Training Centre, the pilot Centre for adult males was being developed in a vacated prefabricated building which was once a Working Men's Club. Many lessons were learned the hard way in these premises and some progress was made when we moved to larger premises, a vacant factory, in December of 1962. A great deal of work has to be put into these new premises to make them adequate for our needs even for the short time we hope we have to wait for our planned new Centre.

The trainees here, of which there were 24 by the end of 1962, are mainly subnormal adults who have been transferred from the Emily Fortey School, and they attend daily, from 8.45 a.m. to 5 p.m., for a 5 day week. All make their own way to the Centre, their ability to do this being a condition of their attendance. Pocket money/wage allowance is made to them according to work done. Sub-contract work has not been very forthcoming but the trainees are all kept fully and usefully occupied and many lessons are being learned which will be of inestimable value by the time we move into the promised, more commodious premises.

Social Club

The first community Mental Health Social Club was inaugurated last autumn. A group of social workers introduced the idea to a group of promising members, and with financial support from the local authority the Social Club began to take shape.

The Club now meets regularly each week, and in addition to darts, chess, table skittles, and similar games, the evening entertainment has been varied with visiting speakers, film shows, demonstrations of interesting skills, and a visiting concert party provided enjoyment on one occasion. Rambles and visits to places of interest are suggestions for further variation in the future.

The stage has not yet been reached whereby the social worker support can be reduced to a minimum, but it is intended that the members, amongst whom are many former hospital patients, and others who can benefit by this form of social aid, will make its own rules and run the Club to the advantage of its members and others whom the Club seeks to help.

Training Centres and Hostels

We have planned our community care service well; our officers are developing the service as was intended. Co-operation and inter-co-

ordination are better than they have ever been but, no matter how good may be the quality of our officers, home visits to the mentally sick do not fully meet the need in a great many instances. The value of our present training centres is inestimable, but if the continued emphasis is to be laid on community care additional facilities are essential if we are to prevent a further increase in hospital re-admissions.

The following statistics show the position at 31st December, 1962.

The hospital needs indicated are estimated, but there is a consistency of need sufficient to regard the numbers as reasonably accurate.

Junior Training Centre

Suffering from Subnormality or Severe Subnormality	Over 16		Under 16		Total
	M.	F.	M.	F.	
Attending at Emily Fortey School	21	28	49	38	136
Waiting List	—	—	18	13	31
Total	21	28	67	51	167

Adult Training Centre (trainees who may graduate to outside employment)

16 years or over	Mentally Ill or Psychopathic		Subnormal or Severely Subnormal		Total
	M.	F.	M.	F.	
Those in attendance at present Adult Training Centre	4	—	5	—	9
Those in attendance at Emily Fortey School	—	—	3	10	13
Waiting List, in community	14	1	6	11	32
Waiting List, in Hospitals—estimated	20	20	10	10	60
Total	38	21	24	31	114

Sheltered Workshop (unlikely ever to graduate to outside employment)

16 years or over	Mentally Ill or Psychopathic		Subnormal or Severely Subnormal		Total
	M.	F.	M.	F.	
Those in attendance at present Adult Training Centre ..	—	—	15	—	15
Those in attendance at Emily Fortey School ..	—	—	18	18	36
Waiting List, in community ..	23	8	12	19	62
Waiting List, in Hospitals—estimated ..	5	5	15	15	40
Total ..	28	13	60	52	153

Hostel

Over 16 years	Mentally Ill		Psychopathic disorder		Subnormal		Severely Subnormal		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Community—all sources ..	21	6	—	—	1	3	12	19	34	28	62
Hospitals—estimated ..	25	25	—	—	5	5	20	20	50	50	100
Total ..	46	31	—	—	6	8	32	39	84	78	162

SOURCE FROM WHICH PATIENTS WERE REFERRED

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Totals				Grand Total
	Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
General Practitioners	-	51	83	-	-	-	-	1	-	1	2	1	5	1	2	53	88	144	142		
Hospitals: During in-patient treatment	-	48	48	-	-	1	-	6	4	4	-	11	11	4	-	65	64	133	92		
Hospitals: After or during out-patient or day treatment	1	-	8	-	-	-	-	-	-	-	1	-	1	1	1	8	20	30	21		
Hospitals: After in-patient treatment	-	21	20	-	-	-	-	5	2	-	-	-	2	-	-	26	24	50	97		
Local Education Authorities	-	-	-	-	-	-	2	1	2	3	11	5	4	5	11	6	6	28	23		
Police and Courts.. .. .	-	21	15	-	-	-	-	7	-	-	-	1	-	-	1	29	15	45	50		
Patients themselves	-	14	8	-	-	-	-	-	-	-	1	-	2	-	1	14	10	25	18		
Relatives	-	33	31	-	-	-	-	3	-	13	10	3	9	13	10	39	40	102	74		
Associates: Friends, Landlords, Neighbours, Employers	-	11	19	-	-	-	-	-	-	-	-	-	-	-	-	11	19	30	15		
Social Agencies: Other Authorities and Departments, Probation, Welfare, M. and C.W. Dept. and voluntary bodies.. .. .	-	46	52	-	1	-	1	4	7	-	3	4	5	1	3	55	64	123	109		
Consultant Psychiatrists: After domiciliary visits. All may well have been originated by General Practitioners	1	2	82	-	2	-	-	-	1	-	1	1	-	1	3	85	123	212	71		
Other Medical Officers: General Hospitals and unofficial referrals from Education Department Medical Officer	-	20	21	-	-	1	-	-	1	4	6	1	4	4	6	21	27	58	54		
Totals	2	355	438	-	3	2	3	27	17	25	35	27	43	30	38	412	500	980	766		

PART IV

Miscellaneous Health Services

In this Section reports will be found on the following services:

- (a) Registration of Nursing Homes
- (b) Registration of Nurses' Bureaux
- (c) Water Supplies
- (d) Sewerage
- (e) Cremation
- (f) National Assistance Act, 1948, Sect. 47. (Removal of persons in need of care and attention)
- (g) Blind Persons
- (h) Re-housing on medical grounds
- (i) Medical examination of staff and entrants to the Corporation Service

(a) REGISTRATION OF NURSING HOMES

LIST OF REGISTERED NURSING HOMES (INCLUDING MATERNITY HOMES)

ADDRESS	No. OF BEDS
Central Nursing Home, 6 University Road ..	15
Sundial Nursing Home, Aylestone Road ..	20
St. Francis Private Hospital, 362 London Road ..	54
The Lawn Nursing Home, London Road ..	22
Dane Hills Convent	56
"Ava," Ratcliffe Road	18

The Medical Inspector of Nursing Homes makes every effort to ascertain the existence of any unregistered Nursing Home and investigates any instances brought to her notice.

During 1962 there were six registered Nursing Homes.

The Medical Inspector of Nursing Homes continues to co-operate with the Welfare Department who are responsible for Homes for the Aged, particularly in ascertaining unregistered Homes. At December, 1962, the number of beds available in the City was 185.

(b) REGISTRATION OF NURSES' BUREAUX

There is now one nurses' bureau in the City.

(c) WATER SUPPLIES

I am indebted to Mr. H. Wallhouse, M.I.C.E., F.ASCE., M.I.W.E., A.M.I.Mech.E., Water Engineer, for the following report on the work of his Department during 1962.

Mr. Wallhouse reports as follows :

- “(1) The water supply in the City area of the Leicester Water Undertaking has been of good quality throughout the year and no restrictions on the use of water have been imposed during this period.
- “(2) As mentioned in last year's report, the responsibility for water examination and quality control of all supplies operated by the Water Department has now been taken over by the Chief Chemist to the River Dove Water Board and his staff, working under the administration of the Engineer and Chief Executive of the Board, acting as agent for the Water Department for this service. A new well-equipped laboratory has been established at Hallgates Filter Station near Cropston, and the entire scheme of water examination has been done there since December, 1961.
- “(3) This re-organisation, including the appointment of a second water sampling officer, has permitted an expansion in the programme of routine sampling of all water resources of the Leicester Undertaking, including those of the River Dove Water Board and Derwent Valley Water Board utilised by the Department. In particular more attention has been paid to the characteristics of impounding reservoirs, including their feeder streams, and to the quality of treated water stored in service reservoirs.
- “(4) The total number of routine raw, partially treated and final water samples taken in connection with the supply to the City are given in Table I.
- “(5) Table II indicates the bacteriological quality of all routine final water samples. All the three “unsatisfactory” samples in service reservoirs were encountered on one particular occasion after scraping operations on a trunk main, even though all the usual precautions of chlorination and bacteriological testing had been carried out before putting the main back into service. Following chlorination of the affected reservoirs, all subsequent samples were satisfactory. Apart from this

single instance the bacteriological quality of supply has been highly satisfactory.

- “(6) Typical analyses of the Derwent, Dove, Centralised Filtration Scheme and mixed water supplied to the City are shown in Table III.
- “(7) Compared with 1961 there have been very few complaints from consumers re taste, but on the other hand, as in previous years, some reports of dirty or discoloured water have continued to be received, chiefly during the summer months. In all instances the trouble—due mainly to the presence of iron oxide derived from old mains—has usually been cleared up on flushing hydrants. Meanwhile the programme of mains scraping to improve quality and quantity locally has continued.
- “(8) Only a few isolated complaints of *Asellus Aquaticus* in the reticulation system were received compared with the overwhelming numbers in years preceding the programme of eradication by injection of minute doses of chemical started in 1961. However, it has been considered advisable to prevent re-infestation on the same scale by repeating treatment every year. With the approval of the Medical Officer of Health, and under strictly controlled conditions, dosings to Gilroes and New Parks reservoirs were made in April and to New Parks only in November, resulting in the elimination of further large numbers of organisms, but as it is virtually impossible to eradicate them from the system entirely in this way, future dosings will probably be necessary from time to time.
- “(9) During the summer one or two reports were received of midge larvae and pupae coming through household taps, as a result of which immediate steps were taken to fit finer wire screens to service reservoir ventilators so as to prevent these small insects entering and laying their eggs in the water.
- “(10) There are approximately 88,707 houses supplied in the City, and of these it is estimated that 900 are supplied from communal taps fixed in yards; the population now supplied in the City is estimated to be 272,500.”

TABLE I
Numbers of Routine Water Samples Examined

	Chemical	Bacteriological	Biological
<i>Raw Water Samples:</i>			
Cropston Reservoir			
Feeder Streams	16	16	—
Cropston Reservoir	53	53	52
Swithland Reservoir	53	52	52
<i>Partially Treated Water Samples:</i>			
Centralised Filtration Scheme (C.F.S.)	227	138	—
<i>Final Water Samples:</i>			
Derwent Supply	106	110	—
Dove Supply	99	103	—
C.F.S. Supply	145	71	—
Service Reservoirs	233	235	—
Consumers' taps	103	104	—
Totals	1,035	882	104

TABLE II
Bacteriological Quality of Routine Final Water Samples

Source of Samples	No. of Samples taken	Number of Samples		
		Free from coliform bacteria	Containing 1-3 coliforms per 100 ml.	Containing typical faecal coliform bacteria per 100 ml.
		Satisfactory		Unsatisfactory
Derwent Supply ..	110	110 (100%)	Nil	Nil
Dove Supply ..	103	103 (100%)	Nil	Nil
C.F.S. Supply ..	71	71 (100%)	Nil	Nil
Service Reservoirs	235	231 (98.3%)	1	3
Consumers' taps ..	104	104 (100%)	Nil	Nil
Totals ..	623	619 (99.4%)	1	3 (0.05%)

TABLE III

**Typical Analyses of Derwent, Dove and Centralised Filtration
Scheme Supplies and of Blended Supply to City**

(Chemical results are expressed in parts per million)

	Derwent	Dove	C.F.S.	Blended
<i>Chemical Quality</i>				
pH value	8.7	7.7	7.6	7.8
Conductivity at 20°C (Gemmhos)	126	560	380	270
Turbidity (Silica scale) ..	0.3	0.3	0.1	0.3
Colour (Hazen)	5	5	5	5
Ammoniacal nitrogen	0.038	0.010	0.083	0.05
Albuminoid nitrogen	0.098	0.12	0.137	0.11
Nitrite nitrogen	0.009	Nil	Nil	Nil
Nitrate nitrogen	0.34	2.3	0.95	0.9
Oxygen absorbed value (4 hrs. at 27°C)	0.55	1.2	1.1	0.8
Temporary (Carbonate) hardness	12	146	76	54
Permanent hardness	36	138	116	71
Total hardness (CaCO ₃) ..	48	284	192	125
Calcium hardness	38	220	128	95
Magnesium hardness	10	64	64	30
Total dissolved solids	96	383	277	193
Silica (SiO ₂)	5.4	8	0.5	6
Chlorides (Cl)	9	37	27	18
Fluorides (F)	0.2	0.2	0.3	0.2
Sulphates (SO ₄)	33.5	114	93	62
Phosphates (PO ₄)	0.01	0.02	Nil	0.01
Iron (Fe)	0.02	0.02	0.02	0.02
Manganese (Mn)	0.03	Nil	0.03	0.03
Aluminium (Al)	0.05	Nil	0.05	0.05
Residual chlorine	Trace	0.02	0.03	0.1
<i>Bacteriological Quality</i>				
Most probable number coliform organisms per 100 ml. ..	Nil	Nil	Nil	Nil
Colony count on agar per ml. at 37°C for 2 days	1	12	2	4

(d) SEWERAGE

I am indebted to Mr. John L. Beckett, M.I.C.E., M.Inst.Mech.E., M.Inst.Mun.E., M.T.P.I., F.R.S.H., City Surveyor, for the following statement on sewage disposal.

“The City Council has in hand the construction of a new Sewage Disposal Works which will adequately cater for the area. All the land within the City Boundary is capable of being drained by existing sewers to these Works.”

(e) CREMATION

I am indebted to Mr. D. G. Clarke, Superintendent Registrar, for the following information, which is extracted from his Annual Report.

There are now 168 Crematoria in operation in Great Britain. During 1962 the number of cremations carried out at the Leicester Crematorium totalled 2,542, compared with 2,484 cremations in 1961. As will be seen from the list given below, the number of cremations increases each year, the figure for 1962 being the highest yet recorded. As was mentioned in last year's report, the opening of Loughborough Crematorium during 1961 accounted for the small increase of 5 in the number of cremations carried out at the Leicester Crematorium during that year, but the increase of 58 cremations at the Leicester Crematorium during 1962, together with an increase of 84 cremations carried out at the Loughborough Crematorium, is ample proof that the practice of cremation is still increasing steadily in this area.

Yearly Figures of Cremation at Leicester Crematorium

Year	No. of Cremations	Year	No. of Cremations
1948	561	1955	1,748
1949	805	1956	1,842
1950	946	1957	2,094
1951	1,138	1958	2,277
1952	1,216	1959	2,384
1953	1,330	1960	2,479
1954	1,506	1961	2,484
		1962	2,542

Up to the 31st December, 1962, 30,760 cremations have taken place at Leicester Crematorium since its opening in 1902.

(f) NATIONAL ASSISTANCE ACT, 1948

SECTION 47

Several old people were referred to the Department for consideration for compulsory removal to hospital under this Act. After investigation compulsory removal was considered necessary in only three cases, and in one of these cases, an old lady of 81 years, the final steps to obtain a Court Order were not taken, as after refusing to be transferred to hospital accommodation, she finally agreed voluntarily to removal to hospital.

In the two other cases a Court Order was obtained and the patients, both elderly ladies, were compulsorily removed to hospital accommodation.

(g) BLIND PERSONS

I am indebted to Mr. K. J. Powell, Director of Welfare Services, for the information included in this Section.

CLASSIFICATION ACCORDING TO AGE (AT DATE OF REGISTRATION) OF BLIND PERSONS REGISTERED IN 1962

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
Cataract .. Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
" .. Female	-	-	-	-	-	-	-	-	-	-	2	-	-	2	3	4	5	-	16
Glaucoma .. Male	-	-	-	-	-	-	-	-	-	-	-	2	1	1	1	2	1	-	8
" .. Female	-	-	-	-	-	-	-	-	-	-	-	-	-	1	5	1	-	-	7
Retrolental Fibroplasia :																			
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others.. .. Male	-	-	-	-	-	-	-	-	-	-	-	1	1	4	4	3	1	-	14
" .. Female	-	-	-	-	-	-	-	-	1	-	1	1	3	-	10	4	3	-	23
Grand Total ..	-	-	-	-	-	-	-	-	1	-	3	4	5	8	23	14	10	1	69

These figures include 12 persons transferred from Partially Sighted Register

**CLASSIFICATION ACCORDING TO AGE (AT DATE OF REGISTRATION)
OF PARTIALLY SIGHTED PERSONS REGISTERED IN 1962**

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
Cataract .. Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2
" .. Female	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	1	4	-	10
Glaucoma .. Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" .. Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Retrolental Fibroplasia :																			
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others... .. Male	-	-	-	-	-	-	-	-	1	2	-	-	2	-	2	1	-	-	8
" .. Female	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2	2	-	-	6
Grand Total ..	-	-	-	-	-	-	-	-	1	2	-	1	3	1	9	4	4	1	26

These figures include 1 person transferred from Blind Register

Follow-up of Registered Blind and Partially Sighted Persons

(1) Number of cases registered during the year in respect of which Section F (1) of Form B.D.8 recommends :	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ..	12	10	—	28
(b) Treatment (medical, surgical or optical) ..	16	3	—	13
(2) Number of cases at (1) (b) above, which on follow-up action have received treatment	1	1	—	11

(h) RE-HOUSING ON MEDICAL GROUNDS

TABLE I
REHOUSING APPLICATIONS RECEIVED DURING 1962

Applications referred by:	Total No.	Number recommended by M.O.H.	Number considered by Housing Committee	Number approved by Housing Committee	Medical Reasons	Number deferred
General Practitioners—155					1. Respiratory: Bronchitis 5 T.B. 4	
Housing Department— 38					2. Central Vascular System: 4	
Patients — 34					3. Central Nervous System: 2 Diseases 2	
Health Visitors — 13	246	51	35	23	Mental Illness 1	3
Members of Council— 4					4. Wounds } Amputations } 1 Arthritis } Disabled }	
Home Help Service — 1					5. Blind . . 1	
Friendly Society — 1					6. Overcrowding 1	
					7. Miscellaneous 4	

One can rarely demonstrate that a particular death or illness is due to bad housing, yet it must be accepted that poor environmental conditions can make the life of an ill person more of a burden than it need be. In saying this we are particularly mindful that the emotional stresses consequent on bad housing are not to be ignored at a time when the importance of the prevention of mental ill-health is at last being recognised.

Unfortunately there are not enough ideal houses in which to place patients who would most benefit from them. Each year, therefore, 90% of the applications for rehousing made on medical grounds have to be turned down, despite the fact that in the majority of cases the environmental conditions in which the patient lives are having an adverse effect on his life. In many cases more factors than one contribute to this hardship and make the selection of cases for priority even more difficult.

An analysis has been made of the grounds on which cases were referred to the Department for consideration. All cases were visited—in many cases more than once—in order that full information might be obtained in regard to the circumstances of the patients involved.

TABLE II
Evidence given in Support of Housing Applications

<i>Respiratory disease</i>			
Bronchitis .. ..	..	24	
Tuberculosis .. ..	..	28	
Other respiratory diseases	..	18	
<i>Circulatory disease</i>			
Coronary thrombosis	..	5	
Cardiac failure .. ..	..	9	
Other circulatory disease	..	22	
<i>Diseases of Nervous System</i>			
Organic nervous disease	..	12	
Functional nervous disease	..	17	
<i>Disabled</i>			
Wounds and amputations	..	9	
Arthritis .. ..	..	17	
Blind .. ..	..	13	
<i>Unsuitable Accommodation</i>			
Overcrowding .. ..	..	7	
Excess accommodation	..	6	
Miscellaneous .. ..	..	86	

The heading "Miscellaneous" covers a multitude of circumstances from fighting with the neighbours to sub-fertility.

Thirty-seven of the applicants were over the age of 70 and often living entirely alone or with an aged spouse in accommodation too large and quite unsuitable for them.

In the case of 155 applicants out of the 246 referred to the Department, the only W.C. was outside. In a number of cases this was shared with at least one other family.

Circulatory and respiratory diseases head the list of medical evidence supplied in support of rehousing; similarly, there are a number of aged persons who apply for rehousing because of too many stairs or too much accommodation which they cannot keep clean. Many of these old people have to contend with steep and unlit stairways, outside toilet accommodation and many other problems that would impose stress on the more agile younger generation.

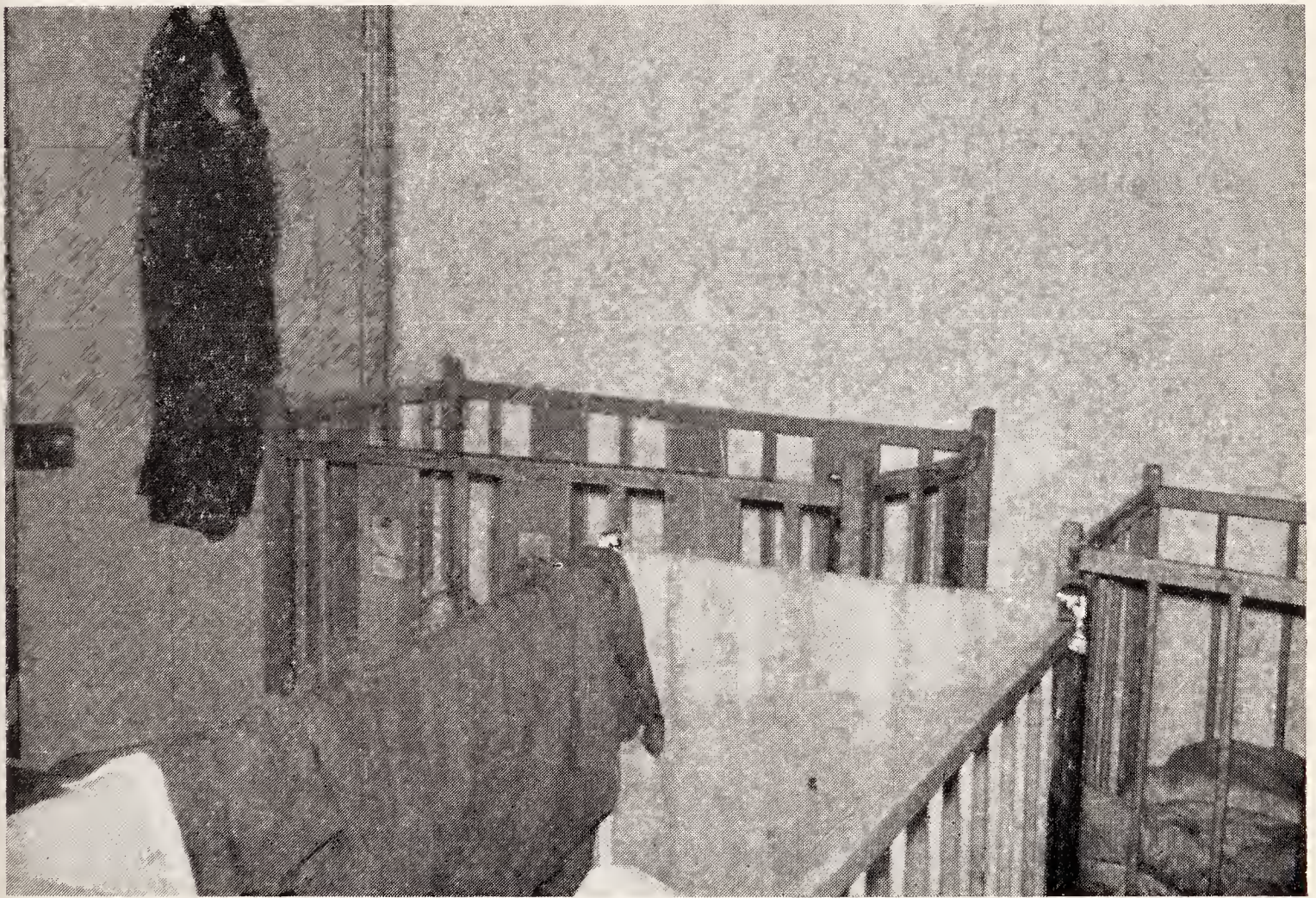
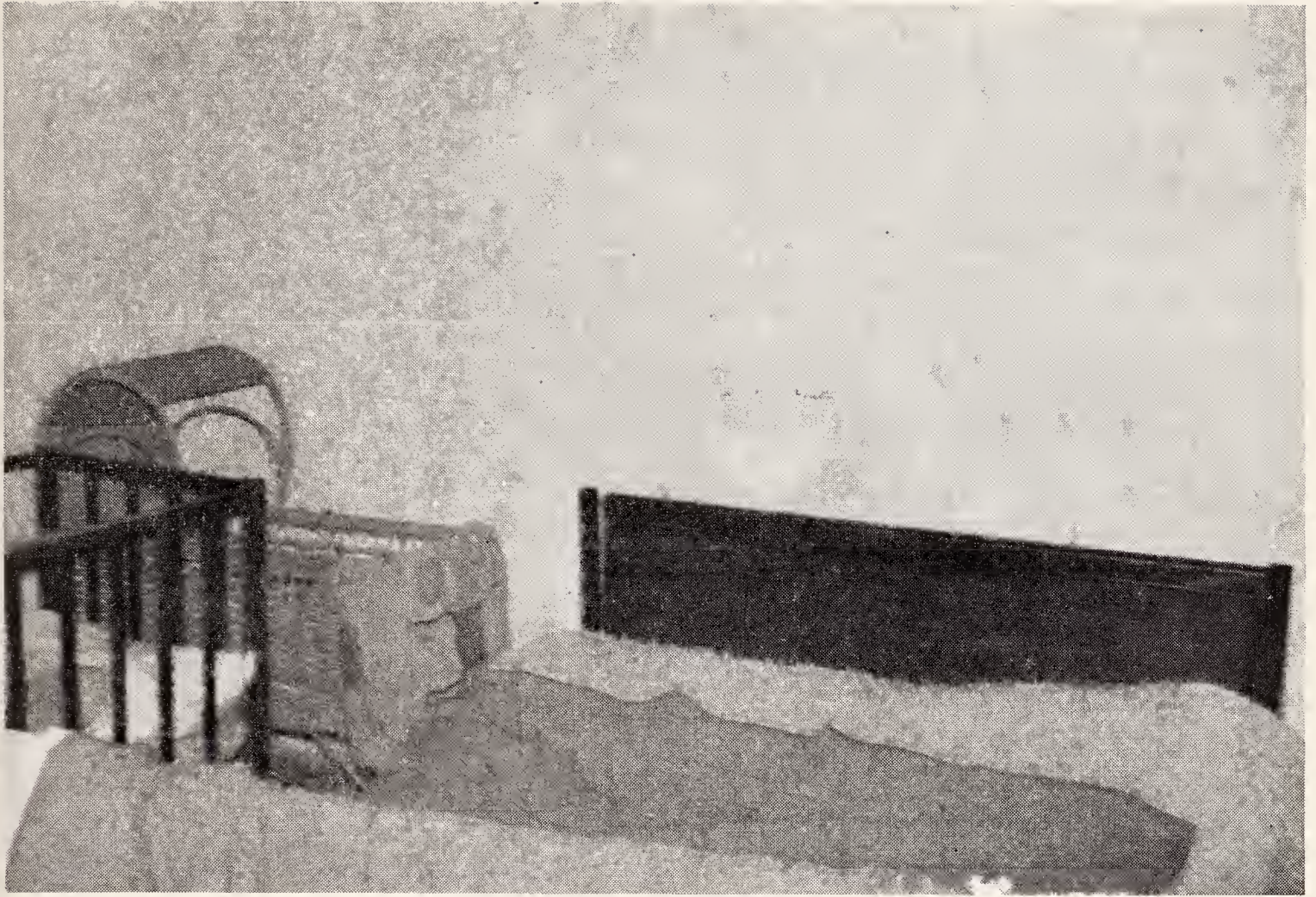
Again, mothers have to cope with young and growing families living in cramped quarters, perhaps with shared water, and even shared cooking facilities.

In some cases the penalty of pregnancy is eviction, but in many cases the problems of the young mother are aggravated by landlords prohibiting the drying of clothing in common yards or on landings.

Amongst the 246 applications referred on medical grounds for rehousing there were at least two major factors creating hardship for the families in each case. Mere numbers, however, give little insight into the real problem.

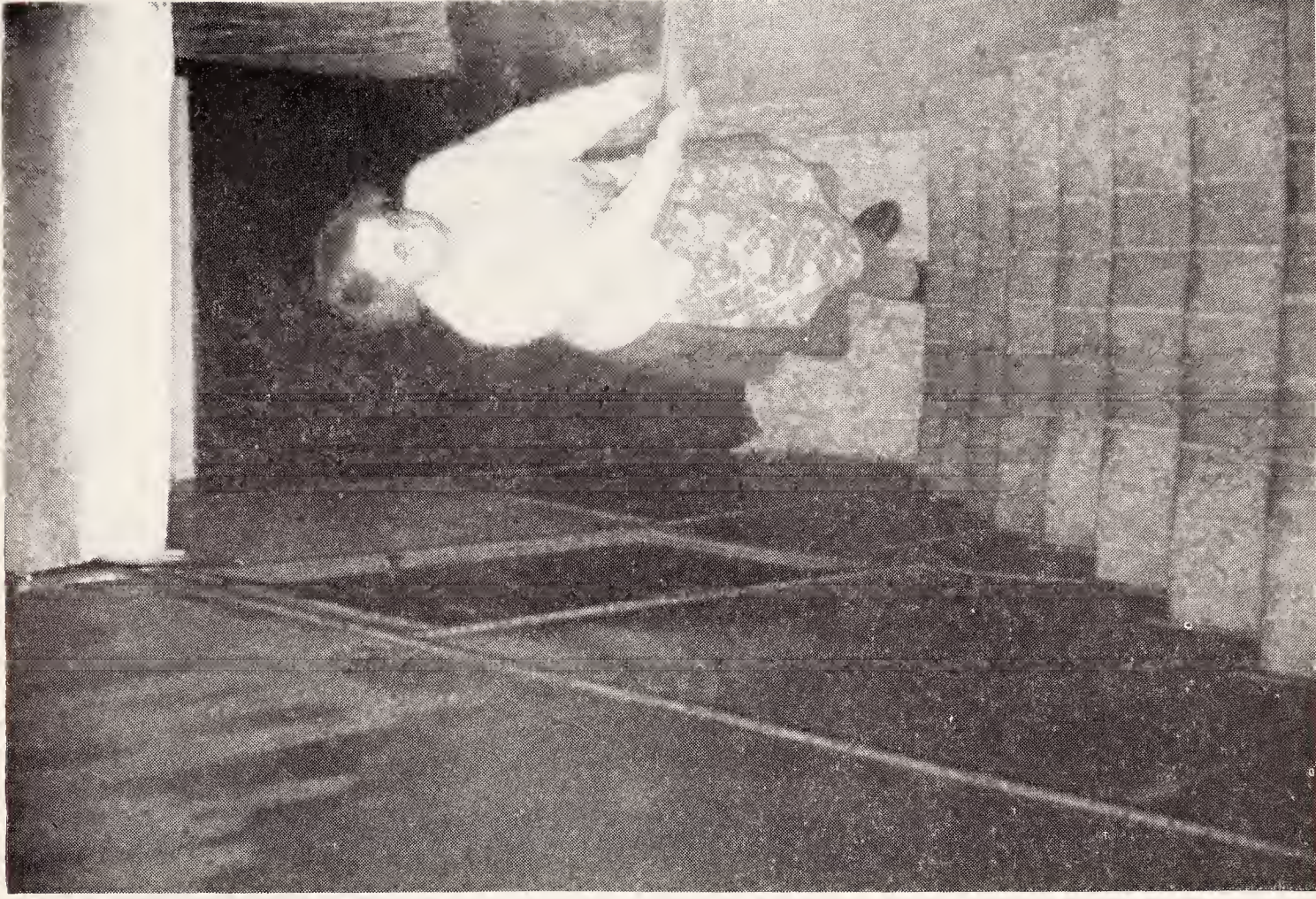
An idea of the situation of some families is given by the photographs.

Sincere thanks are expressed to the members of the Housing Committee and Officers of the Housing Department, who throughout the year have helped in the difficult task of selecting those cases that are fortunate enough to be rehoused.



Sleeping arrangements presented a real problem.

In the front room there were five cots, a double bed, a wardrobe and a dressing table. In the back bedroom there were three beds, and seven children. The absence of a hot water supply made the washing of clothes, nappies, and cooking extremely complicated. There were seldom less than two dozen nappies on the line at any time. In bad weather the drying problem became acute.



Similarly, old people may be virtually imprisoned by steep stairs and with no view other than that of a brick wall of the adjacent houses.

(i) MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

As the facilities for the medical examination of Corporation employees are becoming more well known, the importance of this work is increasing. Every effort is made to rehabilitate employees and find them suitable alternative employment should illness prevent them from continuing in their present employment. Thanks are especially due to the Establishment Officer and his staff for their help and encouragement in this work.

Superannuation Medical Examinations

		1958	1959	1960	1961	1962
Passed	..	328	398	340	387	420
Failed	..	19	36	32	31	24

MEDICAL EXAMINATIONS FOR:

(a) Partial Surrender of Superannuation Allowance

		1958	1959	1960	1961	1962
Passed	..	3	3	1	1	4
Failed	..	—	5	1	1	2

(b) Premature Retirements

		1958	1959	1960	1961	1962
Capable	..	1	1	5	3	1
Incapable	..	24	23	24	38	34

(c) Fitness for Work

		1958	1959	1960	1961	1962
Fit	..	—	2	5	14	1
Unfit	..	1	2	7	11	1
Deferred	..	1	—	1	5	—
Altered Post	..	—	—	1	2	2

PART V (a)

ENVIRONMENTAL HYGIENE

**Report of the City Analyst
for the year 1962**

(E. R. PIKE, M.P.S., F.R.I.C.)

My second Annual Report is intended to be a factual account of the work carried out during 1962 when emphasis has been transferred from water and greater attention has been given to, and indeed demanded by, food samples and miscellaneous matters of a consultative nature submitted by private persons.

Thus, many food samples now demand more detailed examination which is often of a complex nature. To quote one instance, the revised Preservatives in Food Regulations 1962 is a typical example. The old Regulations prescribed only two substances to be used as preservatives—sulphur dioxide and benzoic acid. Now, in addition, the following chemicals must be sought for:

Propionic Acid, Sorbic Acid, Sodium Nitrite, Methyl-para-hydroxybenzoate, Propyl-para-hydroxybenzoate, Tetracyclines, Diphenyl, O-phenylphenol, Copper Carbonate, Nystatin and Nisin.

Pesticides and Insecticides are used increasingly in agriculture and horticulture and provide additional potential hazards to the consumer of fresh and canned vegetables and fruit. Methods must, therefore, be devised for the detection and estimation of the many complex organic compounds used—such substances as Aldrin, Malathion, Endothal etc., to name but a few of the 80 or more chemical compounds used in agriculture and food storage on which advice regarding consumer and user safety is given by the Ministry of Agriculture, Fisheries and Food. Detection of many of these chemicals in the minute amounts that they might persist on vegetables requires the use of very sensitive modern techniques. These techniques often require expensive instrumentation. Nevertheless, expense in this direction can help to avert such calamities as happened in the recent 'Margarine' incident in Holland or the French bread scandal in which ergot in flour caused many fatalities. Too often we feel that such things could not happen in this Country, but it is only by continued vigilance that they can be avoided. From this point of view, the comparatively small expenditure on such a vital service is fully justified in the interests of a healthy society.

During 1962 a total of 8,647 samples were examined. The consultative services of the Department were sought on 223 occasions by private persons as compared with 131 samples in 1961. Corporation Departments, other than the Health Department, also made greater use of the Department, 70 samples being submitted in contrast to 2 in 1961.

No changes in staff took place during 1962, the second year in succession when I have been able to report such a satisfactory situation. It gives me great pleasure to take this opportunity to express my sincere thanks to every member of the staff for the enthusiastic way in which the work has been carried out. It has been encouraging to work with such a loyal and co-operative team who have made my first year in the capacity of Public Analyst an extremely happy one.

The smooth running of the Laboratory has also been greatly facilitated by the ready co-operation of the food sampling officers.

Finally, may I tender my thanks to the Chairman, Members of the Health Committee and the Medical Officer of Health for their interest and encouragement in all matters concerning the development of this Department.

E. R. PIKE,
City Analyst.

TABLE A

Summary of Samples Analysed during 1962

Sampled under the Food and Drugs Act, 1955:

(A) Submitted by Sampling Officers:

(a) Milks (see Table D)	..	..	1,261
(b) Foods and Drugs	..	..	1,285
(c) Shellfish	..	..	11

(B) Food and Drugs samples submitted by members of the public (See Table C)

..	..	56
—		2,613

Bacteriological Samples:

Samples under the Milk (Special Designation) Regulations, 1960

..	606
----	----	----	-----

Samples tested for pasteurisation efficiency by Phosphatase Test

..	980
----	----	----	-----

Washed Milk Bottles (Estimation of Cleanliness)

..	328
----	-----

Churn Rinses (Estimation of Cleanliness)

..	125
----	-----

Water (City Supply Control Samples)

..	..	167
—		2,206

Fertilisers and Feeding Stuffs:

Samples submitted under Fertilisers and Feeding Stuffs Act, 1926, by Inspectors (see Table G)

..	52
----	----

Samples submitted privately (see Table G)

..	7
—	59

Rag Flock Act, 1911:

Samples submitted by Public Health Inspectors	..	5
---	----	---

Atmospheric Pollution:

Standard Deposit Gauge (rainwater analyses)

..	36
----	----

Lead Peroxide Candles (monthly sulphur dioxide estimation)

..	50
----	----	----	----

Daily volumetric smoke and sulphur dioxide determinations (6 sites)

..	..	..	..	2,984
—				3,070

Miscellaneous Samples from other sources:

Health Department (see Table H)

..	..	408
----	----	-----

Other Corporation Departments (see Table H)

..	70
----	----

From other sources (see Table I)

..	..	216
—		694

Grand Total	8,647
-------------	----	----	-------

LEGAL

New legislation introduced in 1962 affecting the work of the City Analyst:

Lead and Arsenic Limits in Yeast and Yeast Products (M.A.F.F. 8/1/62)—Food Standards Committee Report

The Committee recommended no change in the limits for yeast and yeast products laid down in the Arsenic in Food and Lead in Food Regulations but they indicated that yeast tablets should not be regarded as 'food' within the meaning of the Food and Drugs Act 1955, but as 'drugs'.

Mineral Oil in Food (Food Standards Committee Report) (M.A.F.F. 27/3/62).

The Committee considered that the Mineral Oil in Food Order 1949 as amended was not in need of major amendment. They did, however, recommend that the sealing of eggs with mineral oil and its use on the rind of whole pressed cheeses should be specifically permitted and that the standards of purity in the British Pharmacopoeia should be made obligatory for mineral oil used in food.

The Emulsifiers and Stabilisers in Food Regulations 1962 (S.I. 1962 No. 720).

These Regulations came into force on 16th July, 1962. A list of permitted emulsifiers and stabilisers is given and there are regulations governing the sale or importation of flour, bread and other food containing emulsifier or stabiliser. The sale or advertisement of any food stabiliser which is not in the permitted list is prohibited and any food containing such a non-permitted substance is to be treated as being unfit for human consumption. The addition of any thickening substance to cream or reconstituted cream is forbidden by these Regulations.

The Milk and Dairies (Emulsifiers and Stabilisers) Regulations 1962 (S.I. 1962 No. 721).

The date of operation of these Regulations was stated as 11th April, 1962 and they prohibit the addition of any emulsifier or stabiliser to milk and the sale of any milk to which such addition has been made.

The Food Standards Committee Report on Hard, Soft and Cream Cheeses

This Report is the result of the deliberations of the Food Standards Committee—a body appointed jointly by the Secretary of State for

Scotland, the Minister of Agriculture, Fisheries and Food, the Minister of Health and, as respects Northern Ireland, the Secretary of State for the Home Department. The terms of reference given to the Committee were to advise:

- (a) whether the establishment of statutory standards of composition for hard, soft and cream cheeses is desirable in the interests of the consumers;
- (b) if so, what would be the appropriate standard or standards; and
- (c) the extent to which any standard could be enforced.

The Food Standards Committee came to the conclusion that there would be no difficulty in enforcing their proposed standards, which are set out below:

Hard Cheese

- (a) Hard cheese should be made from full cream cows' milk and should contain not less than 48% milk fat calculated on the dry matter and not more than 40 per cent water.
- (b) This standard should apply to all cheese described by the name of the main English varieties and to any hard cheese except:
 - (i) as respects the whole standard cheese clearly labelled as being a variety of cheese not native to the United Kingdom or clearly labelled as "low fat cheese" or "skimmed milk cheese".
 - (ii) as respects the maximum moisture content, cheese described as Derby, Leicester or Blue Stilton which should contain not more than 42% water, cheese described as Cheshire, Gloucester or Double Gloucester which should contain not more than 44% water, cheese described as Caerphilly, Wensleydale or White Stilton which should contain not more than 46% water and cheese described as Lancashire which should contain not more than 48% water.
- (c) Apart from additions specifically permitted by other regulations, no addition to hard cheese should be allowed except those customarily used in the traditional methods of production.
- (d) Varieties of cheese not native to the United Kingdom should conform to the compositional standards current in the country of origin of the variety.

Cream Cheese

- (a) Only cheese containing not less than 45% milk fat should be described as “cream cheese”.
- (b) Only cheese containing not less than 65% milk fat should be described as “double cream cheese”.
- (c) Apart from skimmed milk solids, no additions should be allowed to cream cheese except those customarily used in the traditional methods of production.
- (d) It should be an offence to label or advertise soft cheese in any way so as to suggest that it is cream cheese or that it contains cream.

Soft Cheese

- (a) Soft cheese described as “full fat soft cheese” should contain not less than 20% milk fat and not more than 60% water.
- (b) Soft cheese described as “Medium fat soft cheese” should contain more than 2% and less than 20% milk fat and not more than 70% water.
- (c) Soft cheese described as “skimmed milk soft cheese” should contain not more than 2% milk fat and not more than 80% water.
- (d) Curd cheese described as “full fat curd cheese” should contain not less than 10% milk fat and not more than 80% water.
- (e) Curd cheese described as “medium fat curd cheese” should contain more than 2% and less than 10% milk fat and not more than 80% water.
- (f) No additions should be allowed to soft cheese except those customarily used in the traditional methods of production.

It is noteworthy that the Ministry of Agriculture, Fisheries and Food have now published their proposed Regulations for Cheese (January 1963) which include recommendations set out in 1956—sufficiently long ago for most people to have forgotten them—for Processed Cheese and Cheese Spread.

The Food and Drugs (Legal Proceedings) Regulations 1962 (S.I. 1962 No. 1287)

These Regulations came into operation on the 27th June, 1962. They amend the regulations of certain Statutory Instruments set out in a Schedule and also the Slaughterhouses (Hygiene) Regulations 1958, as

amended, the Meat (Staining and Sterilisation) Regulations 1960 and the Lead in Food Regulations 1961, by applying specifically certain sections of the Food and Drugs Act 1955 relating to legal proceedings.

The Milk and Dairies (Legal Proceedings) Regulations 1962 (S.I. 1962 No. 1288)

The Regulations amend the Milk and Dairies (Channel Islands and South Devon Milk) Regulations 1956 and the Milk and Dairies (General) Regulations 1959 by applying specifically certain sections of the Food and Drugs Act 1955 relating to legal proceedings.

The Food Standards (Table Jellies) (Amendment and Revocation) Regulations 1962 (S.I. 1962 No. 1405)

These Regulations:

- (a) provide for the revocation on 12th July, 1963, of the Food Standards (Table Jellies) Order 1949 as amended, and
- (b) make amendments to that order so that in the meantime the standards for table jelly tablets, table jelly crystals and table jelly compounds prescribed in it shall not apply to pre-packed foods which are labelled in accordance with the requirements of the Labelling of Food Order 1953.

The Milk and Dairies (Preservatives) Regulations 1962 (S.I. 1962 No. 1531)

The addition of any preservative to milk and the sale of any milk to which any such addition has been made is prohibited by these Regulations.

The Food Standards Committee Report on Dried Milk

This Report considers the difference in the requirements of the Public Health (Dried Milk) Regulations 1923 (and its subsequent amendments) with the standards for dried milk proposed by the Food and Agricultural Organisation of the United Nations.

The Committee recommended that the standards be adopted together with certain labelling regulations which are a feature of the present regulations.

The main differences between the F.A.O. proposals and the present standards are:

- (a) The upper limit of milk fat for dried skimmed milk proposed by F.A.O. is 1.5% as against 8%.

- (b) Partly skimmed dried milk, which covers all products with a milk fat content between 1.5% and 26% is not divided into sub-categories but instead the fat content has always to be declared.
- (c) A maximum moisture content of 5% is laid down for all types of dried milk.
- (d) Apart from the declaration of fat content mentioned in paragraph (b) above, no labelling prescriptions are laid down.

The Preservatives in Food Regulations 1962 (S.I. 1962 No. 1532)

These Regulations, which apply to England and Wales only, re-enact with amendments the Public Health (Preservatives etc. in Food) Regulations 1925 to 1958. The principal changes are:

- (a) the list of permitted preservatives and of specified foods which may contain those preservatives has been extended (regulations 2 (3) and 3 and Schedules 1 and 2);
- (b) specified foods may contain a mixture of permitted preservatives within certain limits (paragraph (c) of the proviso to regulation 3 (1));
- (c) certain foods may contain permitted preservatives in excess of the limits specified in Schedule 1 if the food is covered by a statement in the prescribed form (paragraph (b) of the proviso to regulation 3 (1) and Schedule 3);
- (d) any food may contain not more than five parts per million of formaldehyde derived solely from any resin used in the manufacture of wet strength papers or of plastic food containers or utensils (paragraph (d) of the proviso to regulation 3 (1));
- (e) the skin, but not the flesh, of a banana may contain nystatin: and cheese, clotted cream and any canned food may contain nisin (paragraphs (e), (h), and (k) of the proviso to regulation 3 (1));
- (f) the regulations provide that where certain food is certified by a public analyst as containing any preservative not permitted by the regulations, that food may be treated for the purposes of section 9 of the Food and Drugs Act 1955 as being unfit for human consumption (regulation 7).

These regulations do not apply to milk: with regard to this, separate Milk and Dairies Regulations have been made.

The Food Standards Committee Report on Canned Meat

This Report was produced by the Food Standards Committee, with the following terms of reference:

- (a) whether the establishment of statutory standards of composition for canned meat products is desirable in the interests of consumers;
- (b) what would be the appropriate standard for each product which it is considered necessary to bring under control;
- (c) the extent to which any standard recommended could be enforced.

Their conclusions were summarised at the end of the Report thus:

- (a) There should be comprehensive standards for canned meat products on the basis set out in Appendix I (paragraphs 10-29).
- (b) A declaration should be printed on the label of all canned meat products except those described as corned meat, clearly indicating the type of product being sold (paragraph 30).
- (c) A similar declaration should appear once on all advertisements for canned meat, but no further provisions with regard to advertising are required in the context of the proposed regulations (paragraph 31).
- (d) No special provisions with regard to sampling are required (paragraph 32).
- (e) No method of analysis should be laid down in regulations (paragraph 33).
- (f) The proposed standards are analytically enforceable (paragraph 34).

TABLE B

FOODS AND DRUGS ANALYSED DURING 1962

(Sampled by Public Health Inspectors under the Food and Drugs Act)

Foods Analysed:

Sample	No.	Sample	No.
Almonds (Ground)	14	Curried Beef with Rice ..	1
Angelica	1	Curry Powder	6
Apples	6	Custard Powder	12
Apricots	12	Cut Peel	3
Arrowroot	7	Diabetic Chocolate	2
Bacon	8	Diabetic Cordial	1
Baked Beans	6	Diabetic Jam	2
Baking Powder	3	Diabetic Jelly	1
Baking Yeast	1	Drinking Chocolate	9
Beer	12	Egg Mandles	1
Betox	1	Essences	7
Biscuits	6	Evaporated Milk	10
Blackcurrant Health Drink ..	10	Evaporated, Separated Milk	
Blanc Mange	6	with Vegetable Fat	1
Blood Sausage Paste	1	Evaporated Skimmed Milk ..	2
Bread Sauce	1	Fish Cakes	6
Brine	4	Fish Paste	6
Buns, buttered	2	Flour	12
Butter	18	Food Flavouriser	1
Butterkist	1	Fruit, Canned	9
Buttered Sweets	6	Fruit, Dried	19
Cake	3	Fruit Juices	18
Cake Mixes	18	Gelatine	6
Cheese	5	Gin	3
Cheese Flavoured Biscuits ..	2	Glacé Cherries	4
Cheese Spread	6	Gravy Salt	4
Chicken (Tinned)	1	Ground Ginger	6
Christmas Pudding	4	Guava and Grape Juice ..	1
Cider	4	Herbs, Dried	4
Cider Vinegar	8	Honey	6
Cocoa	3	Hot Dogs, Tinned	2
Coffee and Chicory	3	Ice Cream	66
Coffee Essences	13	Ice Cream Mix	2
Coffee, Ground	4	Invalid Bovril	1
Coffee, Instant	8	Jam	27
Crab	6	Jellies	6
Crab Meat	1	Lard	12
Crab Spread	6	Lemco Extract of Beef ..	1
Cream, Clotted	1	Lemon Cheese	6
Cream, Double	41	Lemon Juice	7
Cream, Single	4	Lentils (Split)	1
Cream, Sterilised	4	Lollipops	9
Cream of Tartar	6	Macaroni	1
Crystals, Sugar (Tinted) ..	1	Margarine	6

TABLE B—continued

FOODS ANALYSED—continued

Sample	No.	Sample	No.
Marmalade	6	Rolls, Buttered	5
Marmite	1	Rum	3
Marmite (Salt-free)	1	Saccharin Tablets	6
Marzipan	4	Sage and Onion Stuffing	5
Maté Tea	3	Sago, Creamed	1
Mayonnaise	2	Salad Cream	5
Meat Pastes	12	Salmon	3
Meat Products (Canned)	41	Salt	6
Milk	1,261	Sauce	1
Mincemeat	6	Sausage and Sausage Meat	84
Mussels	10	Seasonings and Spices	6
Nukrisp	1	Shellfish (Bottled)	7
Oatmeal	1	Shrimps (Peeled)	2
Okra	1	Shrimps (Potted)	1
Onion Sauce	1	Skimmed Milk	2
Oranges	6	Skimmed Milk Powder	2
Oxo Cubes	1	Soft Drinks	37
Oysters	1	Soup	15
Peanut Butter	6	Stout	6
Pearl Barley	8	Sucron	1
Peas, Dried	2	Sugar	17
Peas, Garden	7	Tapioca	8
Peas (Processed)	6	Tea	14
Pepper	6	Teacake (Buttered)	1
Pickles	6	Tomatoes (Tinned)	11
Pork Pie	3	Turmeric	6
Port Flavoured Beverage	1	Vegetable Juices	1
Potato Crisps	2	Vinegar	7
Potato Flakes	2	Vita Cup	1
Prawns	3	Whisky	3
Red Chilli Pepper	5	Wine	5
Rice	15	Yoghurt	3
Rice, Creamed	6		
Rice, Flaked	1		
Rice, Ground	4	Total	2,305

Drugs Analysed:

Sample	No.	Sample	No.
Almond Oil	6	Boracic Ointment	6
Ammoniated Tincture of Quinine	13	Borax	13
Aspirin Tablets	14	Borax and Honey	6
Bicarbonate of Soda	7	Bronchial Mixture	1
Blackcurrant Pastilles	1	Calamine Lotion	6
Blackcurrant Flavoured Glucose		Calcium Lactate Tablets	4
Sweets with Vitamin C	1	Castor Oil	6
		Clove Oil	6

TABLE B—continued

DRUGS ANALYSED—continued

Sample	No.	Sample	No.
Codeine, Linctus of ..	6	Olive Oil	12
Cod Liver Oil ..	12	Parrish's Chemical Food ..	6
Compound Liquorice Powder ..	6	Rose Hip Syrup ..	2
Easton's Syrup ..	1	Rose Hip Tablets ..	1
Fever Mixture ..	1	Seidlitz Powders ..	6
Friar's Balsam ..	6	Slimming Tablets ..	3
Gee's Linctus ..	6	Sulphur Tablets ..	5
Glycerine ..	6	Surgical Spirit ..	6
Glycerine, Lemon and Honey ..	6	Syrup of Hypophosphites ..	6
Glycerine of Thymol ..	6	Vitamin C Pellets ..	1
Golden Eye Ointment ..	8	Zinc and Castor Ointment ..	5
Glucose Sweets ..	1		—
Glucose Tablets ..	3	Total Drugs ..	252
Halibut Liver Oil Capsules ..	20	Total Foods ..	2,305
Hydrogen Peroxide ..	12		—
Influenza Mixture ..	3	Total Foods and Drugs ..	2,557
Liquid Paraffin ..	6		—

TABLE C

**Samples submitted by Members of the Public under
Food and Drugs Act**

Article	No.	Article	No.
Foods:		Lard	1
Black Pudding ..	1	Lemon Juice ..	1
Blackcurrant Tart ..	1	Marmalade ..	1
Bread ..	4	Meat ..	2
Bread and Butter ..	1	Meat Pie ..	1
Brine ..	2	Milk ..	2
Butter ..	1	Nuts and Raisins ..	1
Cake ..	2	Pasty ..	1
Cereal ..	1	Peas ..	1
Cheese ..	1	Potatoes ..	1
Chicken ..	1	Rice ..	1
Chocolate ..	2	Rum ..	2
Cocoa ..	1	Sausage ..	4
Coffee ..	1	Sausage Rolls ..	1
Cracker Biscuits ..	1	Stewing Steak ..	1
Cream Cheese ..	1	Sugar (Brown) ..	1
Curried Chicken ..	1	Veal and Ham Pie ..	1
Custard Pie ..	1		—
Dripping ..	1	Total ..	55
Egg ..	1		—
Flavoured Milk Drink ..	1	Drugs:	
Halibut ..	1	Skin Ointment ..	1
Herrings ..	1		—
Horlicks ..	1	Total Food and Drugs ..	56
Jam (Apricot) ..	2		—
Jam (Plum) ..	1		—

MILK SAMPLES

During 1962 some 1261 samples of milk were examined for compositional quality. Of these, 13 were rejected for deficiencies of fat or solids-not-fat; the Hortvet freezing point test indicating the addition of water in six instances whilst the low freezing point depressions of two further samples would indicate the probability of the presence of traces of added water. Not for some years have so many samples of milk been rejected in Leicester because of the addition of extraneous water. It is noteworthy that only one of these samples was a producer's milk, all the others being pasteurised milks taken from dairies. Subsequent investigations proved that in most instances the milk was from a first batch of milk to be passed through the pasteurising plant after cleaning and the dilution resulting from water remaining in the apparatus ranged from a trace up to 7.1%. The Sale of Milk Regulations 1939 require milk to contain not less than 3.0% fat and not less than 8.5% of milk-solids-not-fat (S.N.F.). Where a sample of milk contains less than these amounts of milk fat and S.N.F. the sample is presumed not to be genuine unless proved otherwise. However, even if a milk contains more than these minima, if the addition of water is proved an offence has been committed against the provisions of the Food and Drugs Act.

The variations in the monthly composition of milk are indeed dramatic but follow a fairly well defined pattern from year to year. Reference to the nomograms in Table D will illustrate this and also gives a comparison with the quality of milk examined during 1961. In spite of these variations from month to month the yearly average of fat and S.N.F. are remarkably constant as shown in the table below:

Yearly average Composition of Milk :

Year	No. of Samples	Fat %	S.N.F. %
1956	1,364	3.69	8.73
1957	1,307	3.72	8.72
1958	1,296	3.76	8.72
1959	1,282	3.69	8.68
1960	1,529	3.67	8.71
1961	1,388	3.68	8.72
1962	1,261	3.70	8.75

The efficiency of all the plants where milk is pasteurised in the City is checked regularly by the examination of samples submitted directly from the dairies and by the examination of random samples. In all, a total of 980 samples were examined for correct pasteurisation by the Phosphatase Test and of these only one was deemed to have failed. In

spite of this one blemish, it is a record to maintain our faith in the producers of pasteurised milk.

104 samples of sterilised milk were examined by the Turbidity Test for a check on the efficiency of sterilisation and all were reported satisfactory.

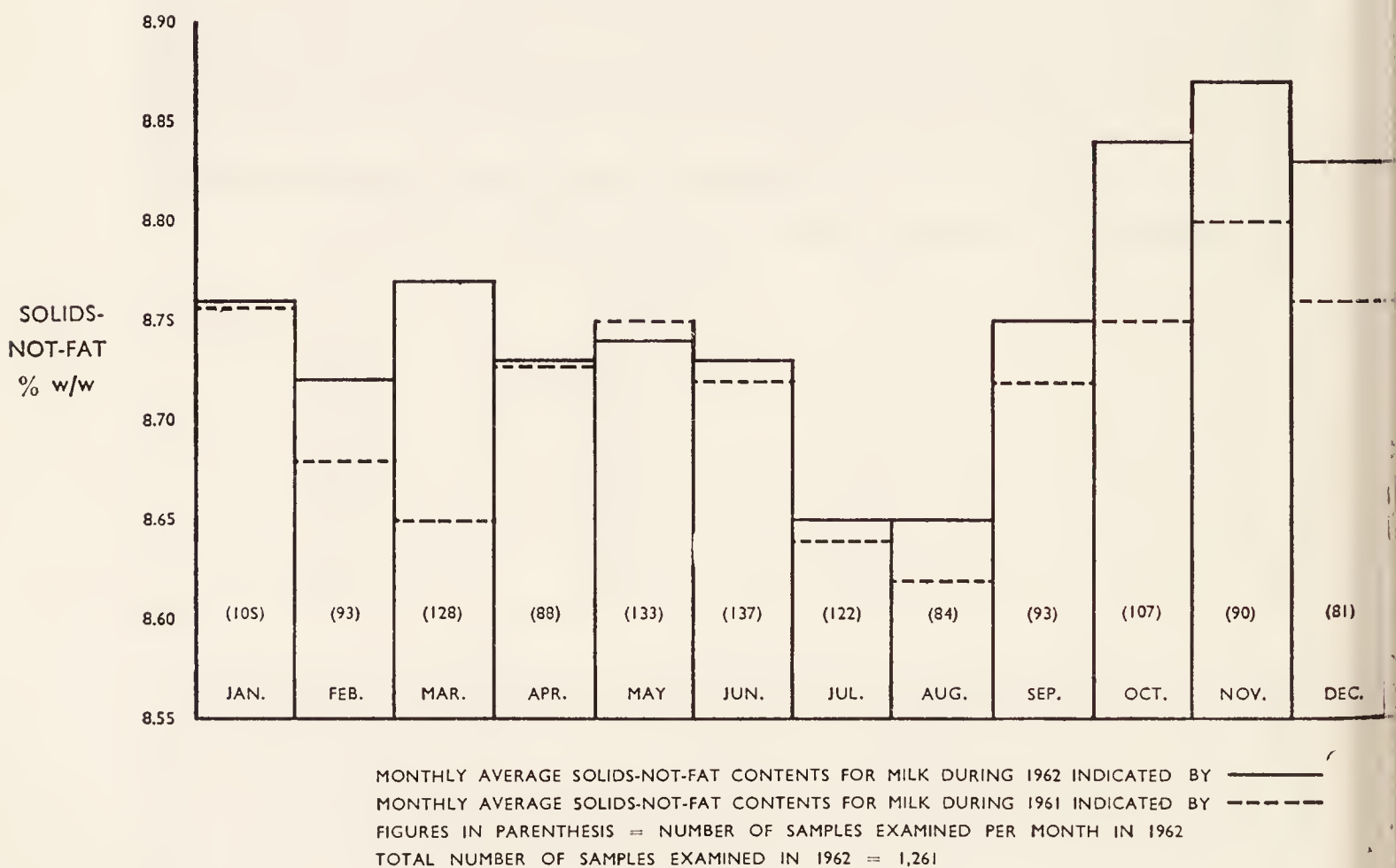
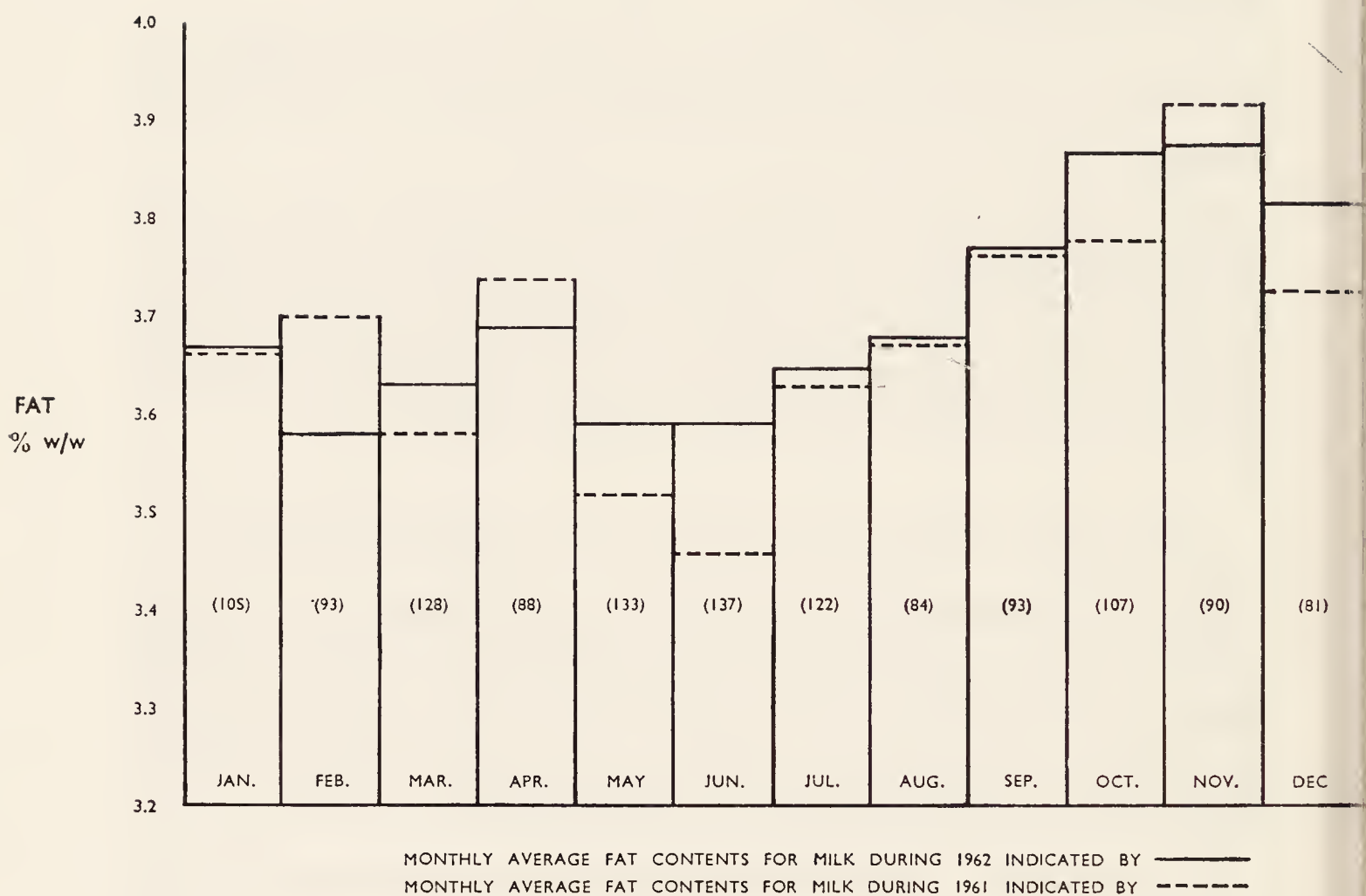
The keeping quality of milk is dependent to a large extent upon its bacteriological quality. This is assessed in the laboratory by the Methylene Blue Test, and of 502 samples submitted to this process 11 failed to pass the test. It was revealing that 10 of these unsatisfactory samples were cartons of milk obtained from vending machines.

WASHED MILK BOTTLES AND CHURN RINSES

The production of clean milk of good keeping quality, and its distribution in its best condition is dependent upon the maintenance of the cleanliness of the receptacles in which it is placed. This applies in the first instance to the churns in which the milk is collected and finally to the bottles in which the customer receives the milk.

125 churns were examined for cleanliness, a process in which the Sampling Officer rinses the churn with a specially prepared sterile solution which is then submitted to the laboratory for bacteriological examination. This is the first year in which churns have been systematically sampled and 18 were rejected as unsatisfactory. Of the 328 milk bottles taken from the washing machines at the dairies 16 were rejected. Rejection of churns and milk bottles means that the cleaning process has been inefficient and all traces of the previous contents have not been removed, such that a very high bacteriological count is obtained when the washings are cultured under certain specific conditions.

TABLE D
MILK—Monthly Variations in Fat and Solids-Not-Fat Contents



FOOD AND DRUG SAMPLES

During 1962 a total of 2,613 samples were examined under the Food and Drugs Act 1955. Of these samples, 1,044 were foods other than milk which were submitted by the food sampling officers, whilst a further 56 samples were submitted by members of the public. 252 drug samples were also examined under the requirements of the Act.

The variety of samples submitted by members of the public are summarised in Table C and it is noteworthy that only one drug sample was a subject of private complaint—indeed a record of which pharmacists of the City might well be justly proud.

Tables E(a) and E(b) list the samples (excluding milks) which were subject to adverse comments; these represented some 5.1% of the samples submitted. The Tables provide fairly comprehensive notes on the nature of the offence and the action taken in each instance. Further comments on the majority of these samples is, therefore, unnecessary except for a few points of particular interest which are dealt with in the following paragraphs.

Labelling of Food Samples

Fourteen samples were criticised over inadequate or defective labelling. The Labelling of Food Order requires that the statement of ingredients which must be declared on the label 'shall appear conspicuously and in a prominent position on the label'. This requirement was contravened in two instances where printing was carried out in colours of insufficient contrast to the background as to render the printed matter almost invisible to all but the most discerning and sharp-sighted persons. In both instances the producers of the packs concerned agreed to rectify the labels.

The labelling of diabetic preparations was the subject of some investigation. Soft drinks specially prepared for the diabetic are often labelled with words to the effect that the product contains no added sugar. This statement may be quite accurate, but it does not tell the diabetic that the drink does contain some sugar natural to the fruit juice content. It is true that this will only be a small percentage, but it is desirable that the diabetic should be informed of the amount of sugar present.

A more dubious practice is the use of the word 'dietetic'. Thus Dietetic Orange Squash may have an appeal to anyone who is diet conscious and is thus probably directed towards persons who wish to have a sugarless product for its supposed slimming properties. What

such a person might not realise is that the sugar in these preparations is usually replaced by sorbitol which has the same calorific value as sugar. The description 'dietetic' under these circumstances can, therefore, be construed as misleading.

The Food and Drugs Act, unlike its American counterpart, has no jurisdiction over cosmetics and toilet articles. Thus such products do not have to disclose the nature of their ingredients. It would seem that modern man is just as much intrigued by modern mystic monograms as his ancient forebears were by the hieroglyphics of ancient Egypt. Thus, mystery is imparted to the everyday article such as toothpaste, soap powder or even ink by the statement that it contains that wonder ingredient XYZ 123. What such pseudoscientific symbols stand for is anyone's guess, but the general impression seems to be to impart visions of long haired boffins in some wonderful backroom laboratory making many mysterious compounds of which number XYZ 123 imparts some magical property to the product. The Labelling of Food Order does a good job in preventing such claims relating to food, but even so there is at least one brand of Marmalade marketed using such mystic nomenclature rather than a brand name.

Foreign Bodies in Food Samples

This year has brought the usual harvest of complaints due to foreign bodies in foodstuffs, 17 samples being rejected on this account. Such complaints usually result from perishable articles such as cream cakes being stored for an overlong period in unsuitable conditions which probably promotes the growth of moulds, or from the contamination due to insufficient protection from insects or rodents. Table E(a) lists these samples and details the nature of the defects.

Compositional Defects in Foods

When a person purchases a food product in this age of the supermarket, it is likely that it is a case of self selection and choice of a pre-packed product according to the label. Assuming then that the person knows what he wants and is reasonably discriminating he will expect the package to contain a product according to the label. If the product does not conform to the labelled description then it may be said to be of defective composition. Alternatively, one might take the view that it was an acceptable product wrongly labelled. However, it is reasonable to take the view that since choice is necessarily governed by the label of a pre-packed product then if the contents are of a type warranting the description of lower quality product then it should be construed as being of inferior or defective composition. This view was taken when

nine samples of meat products were considered, as detailed in Table E(a). Briefly, if the description of the product is the name of a meat qualified only by a description of the method of cooking, e.g. Casseroled Meat, Braised Beef Steak, etc., then a meat content not lower than 95% is required. Meat with Gravy is required to contain only 75% meat. Some of the samples condemned requiring 95% meat would not have been acceptable even if described as 'with gravy'. In the consideration of Canned Meat Products the publication of the Food Standards Committee Report on Canned Meats has been a great help, and it is hoped that the recommendation contained in this Report can be made law at an early date.

TABLE E(a). Food Samples other than Milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
DEFECTIVE 66	Vita Cup	Informal	Sample was a genuine sample of Vita Cup inadequately labelled. The wording of the Labelling of Food Order, 1953, requires that the statement of ingredients be '... clearly legible and shall appear conspicuously and in a prominent position on the label'. The containing tin itself was dark red in colour with white panels carrying the name of the food 'Vita Cup' in dark brown letters 1 $\frac{3}{8}$ " high. By contrast, the statement of ingredients was printed in dark brown on a dark red background in letters $\frac{1}{2}$ " high with capitals $\frac{1}{8}$ ". The position of the statement was not prominent and did not appear conspicuously on the label as required by the Order	Matter was taken up with the manufacturers who agreed to alter the design of the label in accordance with our recommendations
158	Malt Vinegar	Informal	This was a normal and satisfactory specimen of Malt Vinegar containing added salt and caramel. It was also correctly labelled in accordance with the requirements of the Labelling of Food Order, 1953, in	Matter was taken up with the vendors who agreed to have the words 'with salt' and 'coloured with caramel' printed in black on the label

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
158	—continued		mel' were almost invisible, being printed in yellow upon a white background. The Labelling of Food Order requires such statements to be ' <i>clearly legible</i> and shall appear <i>conspicuously</i> and in a prominent position on the label'	
173	Blackcurrant Health Drink ..	Informal	This sample was not labelled in accordance with the requirements of the Labelling of Food Order, 1953, in that no packer's name and address or registered trade mark appeared on the label, nor was the Vitamin C claimed to be present declared in the quantitative manner required by the Order	Departmental Manager of the Vendors was interviewed and agreed to withdraw remaining stock from sale
1663	Dietetic Orange Squash ..	Informal	The sample was described as 'Dietetic Orange Squash specially prepared for Diabetics' and was stated to be free from added sugar. Analysis indicated that the preparation contained 2.8% of total sugars whereas no carbohydrate content was stated. When a preparation is specially prepared for diabetics it is desirable that it should bear a quantitative declaration of its carbohydrate con-	Matter was taken up with manufacturers

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1663	—continued		<p>tent. 'Carbohydrate' in this instance being defined as any substance requiring insulin in its metabolism</p>	
1666	Sugarless Table Jelly ..	Informal	<p>This sample was incorrectly and inadequately labelled for a product described as 'specially prepared for diabetics'. Although the declaration of ingredients indicated the presence of sorbitol the carton bore the statement 'sugar free and of no carbohydrate value'. This statement is considered to be misleading, since from a diabetic's point of view 'carbohydrate' includes any substance which requires insulin for its metabolism, and sorbitol is included in this category. It is desirable for all diabetic preparations to be labelled with a quantitative declaration of carbohydrate content. Thus, the amount of sorbitol should be clearly stated. The use of the description 'sugarless' or 'sugar free' can also be criticised, since this indicates to a diabetic that the product has no insulin equivalent. Such a description is therefore</p>	Matter was taken up with manufacturers

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1666	—continued		misleading if sorbitol is used as a sweetening agent, since sorbitol is now known to require insulin in its metabolism being first converted to fructose and then to glucose. The former assumption that sorbitol did not need insulin is now believed to be incorrect	
1662	Sugarless Strawberry Preserve	Informal	The sample was described as 'Sugarless Strawberry Preserve'. A declaration of carbohydrate content (0.82 grams per oz.) and sorbitol content (19.2 grams per oz.) was stated on the label. From a diabetic's point of view the term 'sugar' includes all substances requiring insulin in their metabolism. If this definition is accepted then sorbitol is to be regarded as a sugar, since sorbitol is now known to require insulin in its metabolism. Therefore, the term 'sugarless' as applied to this product is incorrect and misleading	Matter has been taken up with the manufacturers

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1661	Sugarless Raspberry Preserve	Informal	The sample was described as 'Sugarless Raspberry Preserve'. A declaration of carbohydrate content (0.72 grams per oz.) and sorbitol content (18.8 grams per oz.) was stated on the label. Therefore, the term 'sugarless' as applied to this product is incorrect and misleading for the reason stated in remarks on previous sample	Matter has been taken up with the manufacturers
1771	Malt Vinegar	Informal	The sample was incorrectly labelled as 'Pure Malt Vinegar coloured with Caramel' in that no indication was made regarding the presence of salt. The failure to declare the presence of added salt constitutes contravention of the Labelling of Food Order, 1953, which requires the ingredients of a food to be specified in the order of the proportion in which they were used	Matter was taken up with the Packers who have taken steps to have new labels printed
2429	Pork Sausage	Informal	Sample contained undeclared sulphur dioxide preservative	Vendor was interviewed and it was pointed out to him that when sausages are sold which contain preservative they must be so marked or a notice displayed in shop to that

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1847	Pork Sausage	Informal	Sample contained undeclared sulphur dioxide preservative	Vendor was interviewed and his attention was drawn to the failure to declare the presence of preservative
154	Beef Sausage	Informal	Sample contained undeclared sulphur dioxide preservative	A verbal and written warning has been given to the vendor to display a preservative notice
1266	Beef Sausage	Informal	Sample contained undeclared sulphur dioxide preservative	A verbal and written warning has been given to the vendor to display a preservative notice
2332	Beef Sausage	Formal	Sample contained undeclared sulphur dioxide preservative	Verbal and written warnings have been given to the vendor to display a preservative notice
1822	Pork Sausage	Informal	Sample contained undeclared sulphur dioxide preservative	Vendor was interviewed and informed of the Regulations
FOOD S584	SAMPLES CONTAINING Peppermint Cream Chocolate	FOREIGN Private	BODIES Sample consisted of a 1 oz. peppermint cream filled chocolate bar, which was submitted in a partially unwrapped condition being devoid of the printed outer wrapper. On opening the foil covering a grub (about $\frac{1}{4}$ " in length) was observed and it was seen to have devoured the chocolate covering sufficient to	Matter was taken up with the manufacturers and apology made to customer

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S584	—continued		expose the green peppermint filling in several places. Excrement of the grub was distributed over the surface of the chocolate. The presence of the grub and its excrement is aesthetically undesirable and rendered the sample not of the quality demanded	
S582	Cream Cheese Spread ..	Private	The sample consisted of a pre-packed portion of Cream Cheese Spread contained in a metal-foil wrapper. The sample was received in an opened condition and under the one flap of the wrapper a well developed green mould growth was observed. This mould growth was stated to have been observed immediately on opening the packet the same day it was purchased; the advanced state of growth of the mould upon receipt at the Laboratory would substantiate this statement. The Cream Cheese Spread was, therefore, not of the quality expected by a purchaser	Matter was taken up with the manufacturers and vendor's shop visited. Both manufacturers and vendor have made apologies to purchaser

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S580	Apricot Jam	Private	Sample had been opened prior to submission for examination and consisted of about 10½ oz. of jam, being the remainder of a 1 lb. pack. On the surface of the jam was a black object which was identified as a portion of an insect (probably an earwig). The presence of this foreign body rendered the sample aesthetically unacceptable and not of the quality demanded by a purchaser	A director of the manufacturing firm visited the Health Department and inspected the jar of jam. An apology has been made to customer. The jar of jam was returned to factory for full investigation
S585	Brown Sugar	Private	Sample consisted of approximately 3 oz. of brown sugar presented in a polythene bag, with several small dark brownish black particles of foreign matter folded in a separate piece of paper. Microscopical and chemical examination revealed that the foreign matter consisted of particles of siliceous matter (sand) bound into pellets by sugary material. No evidence of rodent excrement was found. Whilst the foreign matter did not constitute a hazard to health, it was aesthetically unacceptable and rendered the article not of the quality demanded	Matter was brought to the attention of the retailers who have made apologies to the customer

TABLE E(a)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S578	Cooked Chicken with Foreign Bodies	Private	<p>Sample consisted of a half chicken and a detached chicken leg. Deposited on the internal cavity surface of the half chicken were numerous fly eggs, some of which appeared to have been affected by heat during the roasting process but other colonies of eggs appeared to be quite fresh and unaffected by heat. Fly eggs in fresh condition were also observed on the outer surface of the meat of the detached leg. The presence of the fly eggs rendered the sample aesthetically unacceptable and not of the quality expected by a consumer. The fact that some of the fly eggs had been affected by heat and others appeared quite fresh—especially those on the outer flesh of the detached leg—would indicate that the chicken had probably been exposed for some time before and after cooking. Such conditions could be conducive to the growth of food poisoning organisms which would then render the sample unfit for human con-</p>	Shop from where the chicken was purchased was visited and inspected. Adequate apologies have been made to the customer.

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S572	Bread containing foreign matter	Private	Sample consisted of a single slice of bread in the centre of which were some dark coloured foreign bodies. Microscopical examination indicated that these consisted of gelatinised starchy material with associated dirt. Chemical investigation revealed the presence of iron particles. The foreign matter, in my opinion, consisted of particles of dough which had become discoloured by contact with machine lubricant. Whilst the foreign matter was harmless, it did render the bread not of the quality expected by a consumer	Matter was brought to the attention of the bakers and bakehouse was inspected. Adequate apology has been made to the customer
S574	Meat Pasty	Private	Sample consisted of a meat pasty which when received had been broken into portions to reveal a white formation covering the meat filling. Microscopical examination indicated that this white matter consisted of a mass of fine matted mould hyphae, the presence of which rendered the sample not of the quality expected by a purchaser	Vendor was visited and given advice by a Public Health Inspector. Adequate apologies have been made to the customer both by retailer and manufacturer

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S557	Rice containing foreign bodies	Private	Sample contained 57 dark coloured, spindle-shaped bodies resembling mouse droppings. Microscopical examination confirmed the presence of rodent hairs. The presence of rodent excrement rendered the sample unacceptable for human consumption and not of the quality expected by the purchaser	Sample was purchased from premises outside Leicester. The appropriate Authorities were informed
1038	Mineral Water	Informal	Sample conformed to the requirements of the Food Standards (Soft Drinks) Order, 1953, but was observed to contain several clumps of free-floating mucilagenous matter. This foreign material was found to consist of a mucilagenous mass of branched threads consisting of uniseriate chlorophyll containing cells. This foreign matter is a form of algal growth and its presence rendered the sample not of the quality expected by a consumer.	The Secretary of the Producers was interviewed and expressed regret
S564 (P.A.27)	Meat Pie	Private	Sample consisted of a meat pie weighing approx. 4 oz. which when received had been broken into portions. Associated with the meat	Manager of the vendors was interviewed and a letter sent to the manufacturers asking for their observations

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S564 (P.A.27)	—continued		observed, microscopical and chemical examination of which revealed them to be protein hairs of animal origin. Also a few fibres of red dyed wool were isolated. The presence of such hairs is foreign to the product and rendered the meat pie not of the quality demanded	
S550	Vanilla Slice	Private	Sample consisted of a Vanilla Slice which when presented for examination had been cut into two portions. In cutting the icing, the upper layers of the flaky pastry had become detached to reveal several large pieces and many smaller dark particles of dirt. Microscopical examination revealed fragments of silica and dark coloured structureless particles. Whilst probably harmless, the presence of this 'dirt' in the pastry was aesthetically unacceptable and rendered the sample not of the quality expected by a consumer	Matter has been investigated at bakery concerned and the directors of the firm interviewed. An apology has been made to the customer

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S546 (P.A.19)	Cooking Fat	Private	Sample consisted of an opened $\frac{1}{2}$ lb. packet of Cooking Fat. Throughout the body of the sample small dark coloured particles were distributed upon which microscopical examination revealed lignified structures typical of pinewood. The sample contained foreign matter in the nature of pine-wood sawdust which rendered it not of the quality expected by a purchaser	Proceedings were instituted against manufacturers. A fine of £10 was imposed
S548	Sausage Rolls	Private	Sample consisted of one whole sausage roll, one partially consumed roll and two slices cut from a third roll. In one of the slices was a small dark coloured spindle-shaped object embedded in the meat and which resembled a pellet of rodent faeces. Microscopical examination established that this object (which measured approximately $\frac{1}{4}$ " in length) consisted of vegetable fibrous material which gave chemical reactions for ligno-cellulose. High-power microscopical examination indicated the material to be composed of jute fibres and probably	Directors of the vendor firm were notified of this complaint

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S548	—continued		string which had become admixed with the sausage meat. Whilst constituting no hazard to health, the presence of such foreign material did render the sample not of the quality expected by a consumer	
S543	Blackcurrant Tarts ..	Private	Sample consisted of five blackcurrant tarts each consisting of a pastry case containing a layer of blackcurrant filling covered with imitation cream. When received for examination the cream filling had been removed to reveal a green mould covering the surface of the blackcurrant filling. Microscopical examination revealed the presence of hyphae and spores probably of a species of <i>Aspergillus</i> . The presence of the mould rendered the tarts unacceptable for human consumption and not of the quality expected by a purchaser	The manageress of the shop from where the tarts were purchased was interviewed, the bakery inspected and a director of the firm was shown the tarts. An apology has been made to the customer and everything possible will be done to prevent further complaints of this nature
S544	Brown Bread with foreign body	Private	The sample consisted of a crust cut from a brown loaf; embedded in the surface of the crust was a winged insect approximately $\frac{3}{8}$ " in length. Examination of the sample	Bakery was visited and an apology has been made to complainant

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S544	—continued		indicated that the insect had probably been trapped when the dough was placed in the baking tins and had thus been baked into the surface of the crust. The presence of foreign body was objectionable and rendered the sample not of the quality expected by a consumer	
S538 (P.A.12)	Cracker Biscuits	Private	The biscuits were submitted in plain waxed wrapping paper, four entire and one part biscuit being presented in a separate paper bag. One of the four biscuits separately packeted bore blue-grey markings on its underside, these markings being particularly associated with the perforations in the biscuit. The other three biscuits and the part biscuit bore similar markings to a lesser degree. Microscopical examination revealed these markings to consist of small deposits of fragmented matter of unorganised structure, probably dirt originating from the use of unclean apparatus used in the preparation of the biscuits. The foreign matter of the biscuits.	A letter was sent to manufacturers asking for their observations

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S538 (P.A.12)	<i>—continued</i>		its presence rendered the sample not of the quality expected by a purchaser	
S540	Biscuit containing foreign matter	Private	Sample consisted of a biscuit on the edge of which a mass of black matter (measuring approximately $\frac{1}{2}$ " in length and some $\frac{1}{4}$ " wide) was embedded. Microscopical examination indicated the foreign matter to consist of machine grease with associated dirt and fragments of wheat tissue. Whilst presenting no hazard to health, the foreign matter did render the sample not of the quality expected by a purchaser.	Manufacturers informed and the incident was investigated
216	Meat Casserole with Gravy ..	Informal	<p>COMPOSITION DEFECTS IN FOOD SAMPLES</p> <p>This product was correctly labelled 'Meat Casserole with Gravy'. Such a product would be expected to contain at least 70% of meat where-as this sample only contained 59.8% of meat. Therefore it was deficient of approximately 14.5% of the desired minimum meat content of 70%</p>	The canners of this product were asked for their observations

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
214	Casserole of Meat	Informal	<p>This product was plainly labelled 'Casserole of Meat' and thus labelled would be expected to contain at least 95% of meat. The list of ingredients, however, included 'Gravy' indicating that the name of the product was inconsistent with the declared ingredients and thus, misleading. Also the total meat content of the product was only 60.6% which is less than the minimum of 70%, which the product when correctly labelled 'Casserole of Meat with Gravy' would be expected to contain. Therefore, even if correctly labelled 'Casserole of Meat with Gravy' the product would be approximately 13% deficient of the minimum expected meat content of 70%</p>	Letter was sent to the importers asking for their observations and also the address of the canning Company in Australia
249	Casserole of Meat ..	Informal	<p>The same remarks apply to this sample as to the previous one (214). The total meat content was only 62.3% which is less than the minimum of 70% which the product when correctly labelled 'Casserole of Meat with Gravy' would be</p>	Letter was sent to the importers asking for their observations and also the address of the canning Company in Australia

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
249	— <i>continued</i>		even if correctly labelled 'Casserole of Meat with Gravy' the product would be approximately 11% deficient of the minimum expected meat content of 70%	
1959	Casserole Meat with Gravy ..	Informal	It is proposed in the Food Standards Committee Report on Canned Meat that Canned Meat with Gravy should contain not less than 75% of meat whereas the sample contained only 63.6% of total meat. It was therefore deficient of 15.2% of the proposed minimum meat content	The importers were notified of this proposed standard [N.B. The standard for 'canned meat in gravy' was revised from 70% to 75% minimum meat content on publication of the Food Standards Committee Report on Canned Meat]
1982	Casserole Meat with Gravy..	Informal	This sample contained only 63.3% of total meat, a deficiency of 15.6% of the proposed minimum meat content	
1964	Casserole Steak	Informal	It is proposed in the Food Standards Committee Report on Canned Meats that Canned Meat should contain a minimum of 95% of meat, whereas the sample contained only 77.4% of total meat. The sample was, therefore, deficient of approx. 18.5% of the proposed minimum meat content	This proposed standard has been referred to the importers

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1983	Casserole Steak	Informal	This sample contained only 67.6% of total meat, a deficiency of approx. 28.8% of the proposed minimum meat content	This proposed standard has been referred to the importers
1960	Braised Beef Steak ..	Informal	The Food Standards Committee Report on Canned Meat proposes that 'Canned Meat' should contain 95% of meat, whereas the sample, being a product considered to be included in the category of a 'Canned Meat' contained only 88.8% of total meat. The sample was, therefore, deficient of 6.5% of the proposed minimum meat content	
2039	Braised Beef Steak ..	Informal	This sample contained only 78.7% of total meat, a deficiency of approx. 17.1% of the proposed minimum meat content	This matter was referred to the importers
1307	Double Cream	Informal	Double Cream is required to contain a minimum of 48.0% milk fat, whereas the sample contained only 44.5% milk fat. The sample was, therefore, deficient of approx. 7.3% of the required minimum milk fat content	
2330	Double Cream	Formal	Sample contained only 47.0% milk fat, a deficiency of approx. 2% of the required minimum milk fat content	The firm was interviewed by a Public Health Inspector and later, at his suggestion, by the Public Analyst who advised on the methods of analysis

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2331	Double C eam ..	Formal	Sample contained only 42.2% milk fat, a deficiency of approximately 12% of the required minimum milk fat content	Producer was interviewed
1821	Pork Sausage ..	Informal	It is desirable that Pork Sausage should contain not less than 65% of total meat content whereas this sample contained only 55.8% meat. The sample was, therefore, deficient of approx. 14.1% of the minimum desirable meat content	Butcher was interviewed and warned
1980	Pork Sausage ..	Informal	The sample contained only 47.5% of total meat, a deficiency of 26.9% of the desired minimum meat content	Formal sample was taken which was satisfactory. Firm was interviewed and gave possible reason for the deficiency
220	Flour ..	Informal	The sample was deficient of approx. 71% of the required minimum content of 235 milligrams of Creta Praeparata per 100 grams of Flour as required by The Flour (Composition) Regulations, 1956	This deficiency was brought to the attention of the flour mill management

TABLE E(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2440	Pure Lemon Juice ..	Informal	The sulphur dioxide content of this sample was excessive in that the sample contained 1200 p.p.m. of sulphur dioxide whereas the maximum permitted by the Preservative in Food Regulations, 1962, is not more than 350 p.p.m. (weight in weight). The sample, therefore, contained an excess of approx. 42% of the permitted maximum amount of sulphur dioxide	A formal sample was subsequently taken and proved satisfactory
S563 (P.A.26)	Brine	Private	This sample contained an excessive amount of zinc and the sodium chloride content was low	Food Inspector was informed
S565 (P.A.28)	Potatoes	Private	The potatoes were heavily contaminated on the surface by copper compounds which had penetrated into them sufficient to render an abnormally high copper content in the edible portion. It is recommended that the copper content of foods shall not exceed 20 p.p.m.; there is a possibility in certain circumstances this limit could be exceeded in this sample	Reported to Public Health Officer

DEFECTIVE DRUG SAMPLES

Only one drug sample was submitted as a complaint by a private person. This consisted of an unctious mass in the remains of what had been an aluminium container. It was a surprised and astounded woman who presented this specimen as an almost explosive and magical concoction, for only a few hours had passed since purchasing her prescription and having it handed to her in a neat little aluminium pot. She must indeed have been astounded when a few hours later she went to use the ointment and found it so potent it had eaten away the pot and generated a considerable amount of heat. Investigation showed that the ointment contained salicylic acid and mercury ammonium chloride in an emulsified, aqueous base. All pharmaceutical students are taught that an ointment containing mercury compounds must be prepared using bone and not metal spatulas and should be stored only in glass or earthenware containers otherwise chemical attack will occur. No doubt in the rush of business and anxiety to give quick service to the customer, the dispenser had without due thought packed the ointment into the wrong type of container, an error quite apparent to the surprised customer a few hours later. The pharmacist accepted responsibility for this error and was appreciative of the explanation.

Much public indignation has been aroused by the tragedy of the birth of deformed babies due to the taking of Thalidomide by the mother. Such congenital deformities, however, are not new but hitherto had been less numerous. During 1962 a case of the birth of a deformed baby was brought to our notice and the deformities were ascribed to the mother having taken slimming pills during the first few months of her pregnancy. These slimming pills were stated to have contained Podophyllin Resin—a substance known to have the property of preventing cell division by inhibiting mitosis. Investigation in Leicester showed that slimming tablets containing podophyllin were available. It was considered that the availability of such a preparation constituted a hazard to the pregnant female. Since the function of Podophyllin in slimming tablets is merely as a purgative it was felt there were many less noxious substances which could serve the same purpose. The manufacturers were, therefore, informed of the possible hazards of Podophyllin and readily agreed to withdraw stocks of their tablets in Leicester and replace them with an amended formula.

A certain amount of press publicity was given to this matter in order to warn anyone already in possession of Podophyllin containing tablets of the possible hazards. It came as a shock that certain pharmacists, when interviewed by the press, poured a certain amount of scorn upon this matter and stated that Podophyllin had been used for hundreds of

years. This might well be so, but only recently has the possible teratogenic effect of Podophyllin been noted. If the banning of Podophyllin prevented only one human tragedy then our efforts would be well worth while.

The Thalidomide tragedy has stimulated research into the Thalidomide effect of other drugs and recently warnings against the taking of the sea-sickness remedy Marzine and the sedative Tofranil by child bearing women have been issued.

It is a sobering thought that 2% of all babies born in the United Kingdom are born with a congenital malformation. It would certainly be an unwise man who condoned the use of any substance which is likely to lead to human suffering, however remote this possibility might be.

Other defective drug samples are adequately dealt with in Table E(b).

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
140 142 2136 2329 2330 2138	Halibut Liver Oil Capsules..	Informal	The containers of these samples were inadequately labelled in that they did not bear a statement to the effect that 'Each capsule contains 4,500 Units of Vit. A activity' as required by the British Pharmacopoeia. In addition, the labels on samples Nos. 2330 and 2138 did not state the date of preparation as required by the British Pharmacopoeia	These matters were referred to the respective people concerned and amended labels which complied with the B.P. would be affixed in due course
141	Halibut Liver Oil Capsules..	Informal	The labelling of this sample was inadequate in that no date of preparation was declared, as required by the British Pharmacopoeia	Vendor was interviewed and the labelling will be altered to comply with the Regulations
2140	Halibut Liver Oil Capsules..	Informal	The British Pharmacopoeia requires Halibut Liver Oil Capsules to contain from 3,750 to 5,250 Units of Vit. A activity per capsule, whereas the sample contained only 1,780 Units of Vit. A activity per capsule, a deficiency of 52.5% of the permitted minimum Vit. A activity. The label of the container was also devoid of date of preparation as required by the British Pharmacopoeia	A 'Formal' sample (No. 2350) was taken and submitted for analysis. Vendor was informed of the reason for the taking of the 'Formal' sample

TABLE E(b)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2334	Halibut Liver Oil Capsules..	Informal	This sample contained only 3,250 Units of Vit. A activity per capsule, a deficiency of approx. 13% of the required minimum Vit. A content. The label was also devoid of the date of preparation and the statement that 'Each capsule contains 4,500 Units of Vit. A activity' as required by the British Pharmacopoeia	Vendor was interviewed and a 'Formal' sample (No. 2351) was taken
2350	Halibut Liver Oil Capsules..	Formal	This sample contained only 2,490 Units of Vit. A activity per capsule, a deficiency of 33.6% of the permitted minimum Vit. A activity. The label was also devoid of a date of preparation as required by the British Pharmacopoeia	The vendor was interviewed and sent a letter of explanation to the Medical Officer of Health
2351	Halibut Liver Oil Capsules..	Formal	The sample was acceptable as regards Vit. A activity in that it complied with the limits of Vit. A activity as specified by the British Pharmacopoeia. However, the Vit. A content was relatively low which indicated that the 'shelf life' of the sample would be of limited duration	The capsules have been taken off sale by the retailer

TABLE E(b)—continued

Sample No.	Article	Formal or Informal or Private	Nature of Offence	Action taken
2351	—continued		the British Pharmacopoeia in that no date of preparation was declared and no statement of Vit. A potency was given	
1616	Golden Eye Ointment ..	Informal	The ointment was stated to contain 1% of Yellow Mercuric Oxide whereas only 0.48% was found on analysis, a deficiency of 52% of the declared Mercuric Oxide content	Vendor was interviewed and agreed to withdraw his remaining stock from sale. The manufacturers were asked for their observations
1617	Golden Eye Ointment ..	Informal	The ointment was stated to contain 1% of Yellow Mercuric Oxide, whereas only 0.63% was found on analysis, a deficiency of 37% of the declared Mercuric Oxide content	Vendors were interviewed and agreed to withdraw remaining stock from sale. The manufacturers were asked for their observations
1640	Golden Eye Ointment ..	Informal	The ointment was stated to contain 1% of Yellow Mercuric Oxide, whereas only 0.66% was found upon analysis, a deficiency of 34% of the declared Mercuric Oxide content	Vendor was interviewed and agreed to withdraw his remaining stock from sale. The manufacturers were asked for their observations
1641	Golden Eye Ointment ..	Informal	The ointment was stated to contain 1% of Yellow Mercuric Oxide, whereas only 0.70% was found on analysis, a deficiency of 30% of the declared Mercuric Oxide content	Vendors were interviewed and agreed to withdraw remaining stock from sale. The manufacturers were asked for their observations

TABLE E(b)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
360	Borax B.P. 	Informal	The British Pharmacopoeia, 1958, requires Borax to contain not less than 99.0% and not more than the equivalent of 103.0% of $\text{Na}_2\text{B}_4\text{O}_7 \cdot 10 \text{H}_2\text{O}$, whereas the sample contained the equivalent of 108.0% $\text{Na}_2\text{B}_4\text{O}_7 \cdot 10 \text{H}_2\text{O}$, an excess of approx. 4.8% of the maximum permitted equivalent of $\text{Na}_2\text{B}_4\text{O}_7 \cdot 10 \text{H}_2\text{O}$	Vendors were notified of this deficiency and withdrew all remaining stock
2294	Borax B.P. 	Informal	This sample contained 123.0% of the equivalent of $\text{Na}_2\text{B}_4\text{O}_7 \cdot 10 \text{H}_2\text{O}$, an excess of approximately 19.4% of the permitted maximum content of $\text{Na}_2\text{B}_4\text{O}_7 \cdot 10 \text{H}_2\text{O}$ in Borax which is designated of B.P. quality. Since Borax is not a substance recommended for internal medical use such excess presents no hazard to health but rendered the sample not of the quality specified by the British Pharmacopoeia, 1958	Vendors were notified of this deficiency and withdrew all remaining stock
36	Ammoniated Tincture of Quinine	Informal	The British Pharmaceutical Codex requires Ammoniated Tincture of	The vendor's remaining stock was returned to the manufacturers

TABLE E(b)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
36	—continued		Quinine to contain not less than 0.85% of Ammonia (as NH_3). This sample contained only 0.73% of Ammonia, a deficiency of 14.1% of the minimum permissible Ammonia content	
114	Ammoniated Tincture of Quinine	Informal	The British Pharmaceutical Codex, 1959, requires Ammoniated Tincture of Quinine to contain from 0.85 to 1.05% w/v of Ammonia, from 1.56 to 1.76% w/v of anhydrous quinine and to have a weight per mil at 20°C of from 0.919 to 0.927 grams, whereas the sample contained 0.25% w/v of ammonia, 1.92% w/v of anhydrous quinine and had a weight per mil of 0.939 grams at 20°C. Therefore, the sample was deficient of approx. 70.5% of the required minimum ammonia content, contained an excess of about 9.0% of the maximum anhydrous quinine content and had a weight per mil at 20°C in excess of the specified maximum of 0.927 grams	The vendor was interviewed and his remaining stock was returned to the wholesalers. A letter was sent to the wholesalers asking for their observations

TABLE E(b)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
136	Ammoniated Tincture of Quinine	Informal	This sample contained 0.17% w/v of ammonia, 2.05% w/v of anhydrous quinine and had a weight per mil of 0.941 grams at 20°C. Therefore, the sample was deficient of approx. 80.0% of the required minimum ammonia content, contained an excess of about 16.4% of the maximum anhydrous quinine content and had a weight per mil at 20°C in excess of the specified maximum of 0.927 grams	The vender was interviewed and his remaining stock was returned to the wholesalers. A letter was sent to the wholesalers asking for their observations
S561 (P.A.25)	Ointment in an unsuitable container	Private	This ointment was found to contain salicylic acid and mercury ammonium chloride in an emulsified aqueous base. Since mercury, particularly in an aqueous base, promotes the rapid electrolytic corrosion of aluminium, an aluminium can is unsuitable for use as a container for such an ointment. The character of the prescription was considerably altered by contamination with aluminium compounds derived from the container and by chemical reaction of the ingredients of the ointment so as to render the product pharmaceutically inelegant and not of the quality expected by	Chemist was interviewed and was very much concerned. An apology was made to customer

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1837	Slimming Tablets	Informal	<p>The sample was stated to contain in each tablet:</p> <p>Geoffraeya Inermis $\frac{1}{2}$ gr; Podoph $\frac{1}{2}$ gr; Casc. $\frac{1}{16}$ gr; and the 60% alcoholic extractive from Boldo $7\frac{1}{2}$ gr; Fuci 4 gr.</p> <p>Podophyllum is a substance which, like thalidomide, can cause polyneuritis; it is also a cell poison and can prevent cell division by inhibiting mitosis. The presence of such a substance in Herbal Slimming Tablets presents a health hazard especially towards women in the early stages of pregnancy when congenital deformities are likely to be produced. Therefore, preparations containing podophyllum—a substance with possible teratogenic effect—should be withdrawn from unrestricted sale to the public</p>	Letter was sent to the manufacturers asking for their observations

SWIMMING BATH WATERS

In the report issued by the Ministry of Health on the 'Bacteriological Examination of Water Supplies' (Report 71) certain recommendations are made for swimming bath waters. These recommendations state that 'no sample from a bath should contain any coliform organisms in 100 mils of water; and that in 75% of the samples examined from that bath the 24 hour plate count at 37°C from 1 mil of water should not exceed 10 colonies and the remainder should not exceed 100 colonies'. The report also states that 'the bacteriological quality should be satisfactory if the figures for the residual chlorine suggested by the Ministry of Health (1951) of between 0.2 and 0.5 are adhered to, it being understood that the chlorine is present as free residual chlorine'.

It is with great satisfaction that I am able to report that of the 82 samples of swimming bath waters examined during 1962 only two were the subject of adverse reports, all the rest conforming with the standards set out above.

Table F below indicates the extent of sampling from the individual baths and the results of our examinations.

TABLE F
Swimming Bath Waters Examined during 1962

Bath	Number Ex- amined	Number of satisfactory bacterio- logical quality	Number deficient in free chlorine	Number in which pH was too low
Aylestone ..	9	9	Nil	Nil
Cossington Street ..	9	9	Nil	Nil
Spence Street ..	6	5	1	Nil
Vestry Street ..	20	20	Nil	Nil
Wyggeston Boys School ..	6	5	1	Nil
Humberstone Lido	18	18	Nil	Nil
Kenwood Pool ..	14	14	Nil	Nil
Total ..	82	80	2	Nil

FERTILISERS AND FEEDING STUFFS

Of 41 samples of Fertiliser examined during 1962 only two were the subject of comment, and in both cases the cause of complaint was the inability of the packers to include with the samples the required statutory declaration of analysis. It was noteworthy that in both instances the samples, although different types of fertilisers, were packed by the same producer.

Of the 11 Feeding Stuffs submitted two were found to be of defective composition though in neither instance was the defect calculated to be to the prejudice of the purchaser. In one instance a Growers' Mash contained an excess of the declared content of protein and the other case was a sample of Layers' Mash which contained a deficiency of fibre.

Table G below summarises the variety of Fertiliser and Feeding Stuff samples examined during the year.

TABLE G. Fertilisers and Feeding Stuffs Analysed in connection with the Fertilisers and Feeding Stuffs Act during 1962

Sample	Number examined	Number Satis- factory	Number Unsatisfactory		
			Compo- sition Incorrect	Statutory Declara- tion Defective	Total Unsatis- factory
Fertilisers:					
Base Manure	1	1	—	—	—
Bone Meal	2	2	—	—	—
Chrysanthemum Fertiliser No. 1	1	1	—	—	—
Chrysanthemum Fertiliser	1	1	—	—	—
Bone Meal	2	1	—	1	1
Flower Fertiliser	1	1	—	—	—
Growmore Fertiliser	1	1	—	—	—
Rose Fertiliser	1	1	—	—	—
Vegetable Fertiliser	1	1	—	—	—
Dried Blood	2	2	—	—	—
Fish Manure	1	1	—	—	—
Grass Fertiliser	2	2	—	—	—
Lawn Fertiliser	3	2	—	1	1
Hoof and Horn Meal	1	1	—	—	—
John Innes Base	1	1	—	—	—
National Growmore Ferti- liser	1	1	—	—	—
Nitrate of Soda	1	1	—	—	—
Raw Bone Meal	1	1	—	—	—
Rose Fertiliser	1	1	—	—	—
Soluble Compound Ferti- liser	1	1	—	—	—
Sulphate of Ammonia	2	2	—	—	—
Sulphate of Potash	5	5	—	—	—
Superphosphate	2	2	—	—	—
Superphosphate of Lime	1	1	—	—	—
Tomato Fertiliser	5	5	—	—	—
Feeding Stuffs:					
Chick Mash	1	1	—	—	—
Grain Balancer Mash	1	1	—	—	—
Growers' Mash	2	1	1	—	1
H.P. Intensive Layers' Grain Balancer Pellets	1	1	—	—	—
Intensive Layers' Pellets	1	1	—	—	—
Layers' Mash	2	1	1	—	1
Layers' Pellets	1	1	—	—	—
No. 5 Dairy Nuts	1	1	—	—	—
Sow Meal	1	1	—	—	—
Total	52	48	2	2	4
Private Samples—Fertilisers and Feeding Stuffs:					
Sample			Number examined		
Animal Feeding Stuffs			7		
Total			7		

MISCELLANEOUS SAMPLES EXAMINED FOR VARIOUS CORPORATION DEPARTMENTS AND THE PUBLIC

(other than under the Food and Drugs Act)

This section of my report is much more encouraging than last year. Corporation Departments (other than the Health Department) submitted 70 samples for examination which compares very favourably with the two samples submitted in 1961. Miscellaneous samples submitted by the public (Table I), many of which form a source of revenue, also increased, 216 samples being examined as compared with 129 samples submitted in the previous year.

Samples submitted in this category provide much greater interest than many of the routine samples, and many indeed test the skill and ingenuity of the qualified staff. A glance at Tables H and I will indicate the great variety of samples tackled, which involve skills ranging from entomology to mineralogy and even including in some cases applied psychology.

The samples submitted by the Weights and Measures Department highlight the difficulty of solid fuel distribution during bad weather conditions. Some samples of solid fuel have been found to contain in excess of 25% moisture, thus emphasising the necessity for covered storage of such fuels if the consumer is to receive value for his money.

The Markets Department submitted an interesting sample sold in the Market Place as 'Plastic Chrome'. Chemical analysis of the product showed that it consisted of approximately 0.5% of mercuric chloride in aqueous solution tinted with a blue dye. The opinion was expressed that this being a mercuric chloride preparation, not being in the form as defined in Schedule 5 of the Poisons Rules, would bring the product within the provisions of a Part I poison. The sale of such a product should, therefore, only be conducted by an authorised seller of poisons from registered premises. The preparation was also not labelled as a poison and no name or address of the vendor appeared on the label. Further sales of the product were prohibited in the Market Place, and the matter was referred to the Pharmaceutical Society.

Vandalism unfortunately always seems to smear the brighter aspects of modern society, and an instance was brought to our notice by the Parks Department. The bowling green at Abbey Park has always been a delight to behold, especially if, as an amateur gardener, one has attempted to grow a stretch of weed-free turf. It was, therefore, with

surprise and dismay that the green-keepers viewed their once immaculate turf and saw great stretches of browning grass. Chemical examination confirmed that weed killer in the form of potassium chlorate had been maliciously applied.

Among the many samples listed in Table I several articles of clothing were examined for seminal stains, and it is hoped that domestic tranquility was restored in most of the homes from which these enquiries originated.

The many civil engineering works in this district and the surrounding area have reflected upon our activities, and we have been asked to examine many minerals for suitability for road construction. Our facilities have also been used by industry and we have been able to help by supplying the composition of varying products such as disinfectant, electrolytic engraving fluid, lubricating grease, etc., and were even called upon to devise a liquid of such a specific gravity to enable the sorting of various grades of scrap rubber to be accomplished.

TABLE H

**Miscellaneous Samples examined for various
Corporation Departments**

Health Department				Weights and Measures Department			
Atmospheric Pollution Investigation:				Warmco 2			
Lead Peroxide Cylinders	50			Anthracite Grains .. 1			
Rain Waters ..	36			- 3			
Daily volumetric smoke and sulphur dioxide recordings ..	2,984			City Planning Department			
	— 3,070			Water 1			
Waters	167			Central Purchasing Department			
Miscellaneous:				Ice Cream 3			
Atmospheric Deposits	37			Margarine 3			
Bath Waters ..	82			- 6			
Boiled Milk ..	2			Markets Department			
Brook Water ..	1			Plastic Chrome .. 2			
Cellar Water ..	7			City Architect's Department			
Cherries (tinned) ..	1			Asphalt 2			
Daily Samples of City Water Supply ..	252			Water Department			
Deposit from water storage tank ..	1			Water samples to deter- mine radioactivity .. 55			
Disinfectant ..	1			Parks Department			
Dust	1			Bowling Green Soil .. 1			
Grit	2						
Hand Cleanser ..	1						
Milk (Bac) ..	8						
Oil Smuts ..	1						
Sewage Effluents ..	2						
Shampoo ..	1						
Urine ..	1						
Water (Bac) ..	5						
Water (Chem) ..	2						
	— 408			Total .. 3,715			

TABLE I
Miscellaneous Samples submitted privately by the Public

Article	No.	Article	No.
Foods, Drugs and Beverages:		Miscellaneous (<i>continued</i>)	
Bread	1	Fuel Oil	4
Britvic	1	Grease	2
Chocolate Drops	1	Grit Stone	1
Corn Flakes	1	Hair Oil	1
Corned Beef	1	Insect	1
Cream, Double	2	Jam Kettle	1
Fried Egg	1	Lambskin Coat	1
Frozen Custard	1	Limestone	1
Frying Oil	3	Liquid for Specific Gravity ..	1
Gammon	1	Lubricating Grease ..	1
Jam	1	Metal Finishing Compounds..	4
Lager Beer	1	Mineral Rock	1
Lemonade	2	Mould	1
Meat Scraps	1	Paint Scrapings	1
Milk	1	Paper	2
Onion, Dried	1	Polish	1
Orange Drink	3	Pond Water	2
Potato, Dried	1	Protein Mixture	1
Sausage	7	Sand	2
Sausage Meat	1	Scouring	1
		Sediment in Petrol ..	1
Miscellaneous:		Shirt	1
Aggregate	3	Sieve Grading Sample ..	1
Barley	1	Sink Trap	1
Bird Seed	1	Skirt	1
Cement	1	Slag	1
Chamois Leather	1	Soil	6
Cleaning Fluid	1	Spider in Bananas ..	1
Coal	1	Spring Water	2
Coating of Metal Float ..	1	Stained Handkerchief ..	1
Condenser Water	1	Stream Water	1
Cyclone Dust	6	Toothbrush	1
Danish Bog Ore	2	Trough Scrapings	1
Deposit	7	Wash-off	1
Deposit from Plaster ..	1	Washing Powder	1
Disinfectant	1	Water (Bac.)	10
Ditch Water	1	Water (Bac. and Chem.) ..	8
Dress	2	Water (Chem.)	54
Dye	1	Whinstone Feed	1
Effluent	26		
Engraving Fluid	1		
Foreign Material from Churn of Milk	1	Total	216

ATMOSPHERIC POLLUTION

Pollution of the atmosphere is checked by three different methods in this Laboratory. All the methods used are the official procedures recommended by the Department of Scientific and Industrial Research.

(i) The Standard Deposit Gauge

Three of these instruments are maintained and are sited as follows:

- (a) Town Hall—on the roof
- (b) Crown Hills—in grounds of City General Hospital
- (c) Western Park—on roof of Emily Fortey School

The Standard Deposit Gauge consists of a large glass funnel of known dimensions leading to a vessel sufficiently large to hold a month's rainfall. The soot, grit and rainfall collected is examined at the end of each month and the results obtained are detailed in Table J. This method suffers from the defect that the amount of pollution recorded is dependent upon wind and rainfall. The results for a particular year are, therefore, not to be construed as an absolute measure of pollution; this can only be gauged by taking the trend of pollution over a number of years. This method is useful in providing a record of grit deposited from the atmosphere.

(ii) Lead Dioxide Candles

Four of these instruments are maintained, one at each of the following sites:

- 1. Town Hall roof
- 2. Westcotes Maternity Home
- 3. Western Park (Emily Fortey School)
- 4. Crown Hills (City General Hospital)

The Lead Dioxide Candle provides a monthly measure of sulphur dioxide in the atmosphere. Sulphur dioxide upon subsequent oxidation provides a sulphuric acid content in a moist atmosphere which has a deleterious effect upon buildings, promoting decay of masonry, mortar and metals.

(iii) Volumetric Smoke and Sulphur Dioxide Apparatus

This apparatus consists of a pump which draws a measured amount of air through a smoke filter followed by a washing device containing

hydrogen peroxide solution. A measure of the smoke and sulphur dioxide content of the air can, therefore, be assessed. Daily readings from each of six sites are taken in Leicester, these sites being operated in conjunction with the Department of Scientific and Industrial Research (D.S.I.R.) as a part of the National Survey of Atmospheric Pollution commenced in 1961.

The sites were chosen under the supervision of the D.S.I.R. and represent five types of district as enumerated below:

- (a) Residential area with high population density such as old terrace housing. (Nedham Street).
- (b) Residential area with low population density such as a housing estate or suburb. (Southfields and Brookfield).
- (c) Industrial area. (Frog Island).
- (d) Commercial area with central heating predominating. (Grey Friars and Salisbury Road).
- (e) Smoke Control area—which may be any of the above types.

The D.S.I.R. is responsible for the collation, analysis and publication of results which appear monthly as a Bulletin.

The average monthly readings obtained in Leicester for Smoke and Sulphur Dioxide are given in Tables L and M respectively.

The problem of atmospheric pollution was emphasised and the ordinary man in the street made to realise its importance by the perpetual gloom, dirt and smog experienced during a period of about two weeks in the middle of December, 1962. At the time, the need for some action in this matter was obvious; the widespread suffering of the bronchitic was publicised and the increase in deaths of old people was regarded as something of a blot on modern civilisation. Now, however, during better weather with even an occasional ray of sunshine things do not seem so bad and the need for the abatement of atmospheric pollution not such a pressing problem. Thus it would appear—until next Winter when undoubtedly a new period of smog will make us realise, for a little while, what a problem it really is!

Many people noted the 'sting' as well as the dirt in the atmosphere during the December smog. This 'sting' is due to a relatively high concentration of sulphur dioxide in the atmosphere which originates mainly from the sulphur content of domestic fuels. Much publicity was given to the fact that smokeless fuels also contained about 1% of sulphur—about the same as an average bituminous coal. Most of this sulphur

on combustion is converted to sulphur dioxide, which with the oxygen and moisture of the atmosphere will form sulphuric acid. In an atmosphere laden with solid smoke particles which form nuclei for the formation of water droplets these eventually absorb the sulphur dioxide to give an atmosphere laden with a dirty acid humidity. Such conditions are antagonistic towards anyone with a tendency towards a bronchial condition. Thus, even though a smokeless fuel does not contain a smaller amount of sulphur, if there are fewer potential droplet forming smoke particles present then the sulphur dioxide will be allowed to disperse and become diluted in the upper atmosphere rather than be held at ground level by a blanket of fog.

The only real solution to the problem of atmospheric pollution, which receives its greater contribution from the domestic rather than the industrial chimney, is to change from solid fuel to the use of gas or electricity. Such a change was made in the American town of Pittsburgh, Pennsylvania, with a resultant increase in visibility of 93%!

TABLE J. Atmospheric Pollution
Figures obtained from Standard Deposit Gauge

Site of Gauge	Year	Average Monthly Rainfall Inches	Average Deposit in tons per square mile per month					Soluble Deposit	Total Deposit
			Insoluble Deposit						
			Tar	Soot	Ash	Total			
Town Hall Roof	1959	2.03	0.12	3.16	7.19	10.47	7.61	18.08	
	1960	2.79	0.15	3.31	7.96	11.42	7.47	18.89	
	1961	1.83	0.16	2.88	9.42	12.46	6.00	18.46	
	1962	1.87	0.19	2.97	9.11	12.25	7.54	19.79	
Crown Hills ..	1959	1.74	0.06	2.18	4.18	6.42	4.93	11.35	
	1960	2.79	0.07	2.43	4.74	7.24	5.19	12.43	
	1961	1.85	0.07	1.59	4.06	5.71	3.83	9.54	
	1962	1.78	0.05	1.44	2.64	4.12	4.48	8.60	
Western Park ..	1959	1.49	0.05	1.40	3.17	4.62	4.08	8.70	
	1960	2.64	0.06	1.39	3.12	4.57	4.03	8.60	
	1961	2.02	0.05	1.07	2.16	3.28	3.71	6.99	
	1962	1.81	0.06	1.15	2.61	3.90	4.43	8.33	

TABLE K

Atmospheric Pollution
Lead Peroxide method for Sulphur Dioxide
Average monthly figures

Month 1962	Station			
	Town Hall	Western Park	Westcotes	Crown Hills
January ..	4.1	1.6	1.9	1.5
February ..	3.0	1.4	1.5	1.3
March ..	2.6	1.5	1.8	1.2
April ..	1.8	0.8	1.1	0.7
May ..	1.4	0.6	0.7	0.45
June ..	1.0	0.5	0.5	0.40
July ..	0.8	0.5	0.5	0.45
August ..	0.9	0.40	0.35	0.30
September ..	1.4	0.5	0.6	0.35
October ..	2.1	1.1	0.9	0.5
November ..	2.7	2.0	1.5	0.9
December ..	4.0	2.3	1.8	1.5
Average Monthly Results ..	2.15	1.1	1.1	.80

(Results expressed in mgms. SO₂ per 100 sq. cm. per day)

TABLE L
Atmospheric Pollution
Monthly Average Concentration of Smoke (in Micrograms per Cubic Metre of Air)

Month, 1962	Southfields	Grey Friars	Salisbury Road	Nedham Street	Brookfield	Frog Island
January	203	261	218	386	253	291
February	139	179	187	249	173	190
March	189	198	212	294	209	230
April	59	106	83	166	86	107
May	68	81	82	133	67	104
June	26	48	42	84	37	51
July	32	43	44	71	34	59
August	30	59	40	103	30	72
September	67	85	73	116	63	118
October	121	162	142	214	126	198
November	197	259	243	301	223	232
December	203	295	297	380	260	331
Average concentration throughout 1962	111	148	139	208	130	165
1961	100	130	110	160	100	130

TABLE M
Atmospheric Pollution
Monthly Average Concentration of Sulphur Dioxide in Micrograms per Cubic Metre of Air
(Volumetric Method)

Month, 1962	Southfields	Grey Friars	Salisbury Road	Nedham Street	Brookfield	Frog Island
January	178	358	240	361	207	326
February	85	208	186	232	147	211
March	173	359	273	284	221	290
April	71	197	126	168	109	146
May	77	154	123	176	96	151
June	50	108	72	114	64	93
July	59	87	84	102	62	113
August	41	81	60	112	58	100
September	71	148	95	136	80	146
October	102	233	159	227	138	214
November	155	365	224	267	215	249
December	151	417	253	338	242	340
Average concentration throughout 1962	101	226	158	210	137	198
1961	80	203	132	175	100	158

OTHER ACTIVITIES

One cannot be but continually surprised that so few people realise the function and work of the Public Analyst's Department. It is, therefore, accepted as a duty that members of the Department should be prepared to address organisations who call upon us to give talks and lectures. It is a pleasure that I am able to express my appreciation to two members of my staff, who have helped in this work. Organisations who have availed themselves of these facilities have included:

S.W. Leicester Young Conservatives.

United Baptist Church Young Wives' Group.

Baxter Gate Baptist Church Townswomen's Guild, Loughborough
Young Wives' Group, Trinity Church, Oadby.

Stoneygate Townswomens' Guild.

High Street Methodist Wesley Guild, Sileby.

Uppingham Road Baptist Church Mens' Fellowship.

Social Guild, St. Saviour's Church, Evington.

Domestic Science College.

Thurnby Lodge Adult School.

Mothers' Union, St. Aidans, New Parks.

Civil Defence has also been fully supported and monthly meetings of the City Scientific Intelligence and Reconnaissance Officers' Section have been arranged.

Finally, it must be stated that we value the cordial relationships which exist between this Department and the Chemistry Department of the College of Technology. Thanks must be expressed to Mr. L. P. Priestley, B.Sc., F.R.I.C., (Head of Chemistry Department) and his staff for their help and advice in the solution of some of the problems which come our way.

Report on the Public Health and Food Inspection Department for the year 1962

G. A. HILLER, F.R.S.H., F.A.P.H.I.
Chief Public Health Inspector

January 1962 saw the inception of the new administrative system for the Department which resulted from the Organisation and Methods Survey carried out during 1961.

The establishment was modified, increased transport facilities provided and a new system devised for recording work done by the inspectors.

The challenge of the new system has been accepted by the inspectors and an increased output of work has resulted. This is gratifying and of particular interest as changes in personnel during the year, due to resignations and new appointments, obviously tended to produce limited work-loads at these times. Six inspectors left and four vacancies were filled. Two pupils qualified and were given appointments, once again demonstrating the usefulness of our training scheme for public health inspectors.

STAFF

The establishment is made up as follows :

- 1 Chief Public Health Inspector
- 1 Deputy Chief Public Health Inspector
- 3 Divisional Inspectors
- 11 Specialist Inspectors:
 - 5 Meat Inspection
 - 2 Housing (Slum Clearance)
 - 1 Food and Drugs Sampling
 - 3 Smoke Abatement (1 vacancy)
- 12 Additional Inspectors (1 vacancy)
- 6 Pupil Inspectors
- 1 Chief Clerk
- 6 Clerks
- 1 Rodent Officer
- 4 Rodent Operators (1 vacancy)
- 5 Sanitary Assistants
- 1 Abattoir Assistant

Problems which have been particularly pressing during the year are housing with special reference to houses let in multiple occupation, conditions created by caravan dwellers and the prevention and reduction of air pollution.

In the field of housing, slum clearance has not proceeded as fast as in previous years, largely because of the problems arising from the best use of sites upon redevelopment. It is clear that future clearance areas will have to be dealt with on a more complete and overall basis with less emphasis on the old basis of 'the worst first'. The latter has produced nuisances from the wrongful use of demolition sites, with considerable annoyance and embarrassment to residents in the houses left to await action at a later date.

Every endeavour has been made to put into force the provisions of the Housing Act, 1961, as they relate to Houses Let in Multiple Occupation, but the statutory procedure is slow and cumbersome.

House-to-house inspection for repair work, under Section 9 of the Housing Act, 1957, has continued although not to the same extent as in the previous year. Pressures in other directions have had to receive priority.

A very great deal of inspectors' time is taken up with caravan dwellers who habitually use a series of demolition sites for camping. The only real hope for the future in this respect would seem to be the education of the children to a more normal way of life, but there is little likelihood of this whilst the parents continue their nomadic existence.

In the sphere of air pollution considerable attention was focused on the local electricity generating station in the early part of the year. The outcome of representations led by the District Alkali Inspector has been a very careful survey of the whole problem of dust emission from this source.

Following the receipt of Circular No. 4/62 issued by the Ministry of Housing and Local Government, the Council decided to accelerate the smoke control areas programme bringing it forward by six years. The co-operation of residents in areas under smoke control has been most gratifying, as indeed has been the support of the solid fuel distributors. Experience in the enforcement of smoke control orders during the worst winter months, together with future trends in the production of gas by methods which do not provide any coke, make it expedient that the system of grant-aid for fireplace adaptations should now be revised.

Food inspection, sampling, and the hygiene of production and handling of food have all continued to receive attention during the year. When the proposed Regulations relating to the inspection and marking of meat carcasses killed in our slaughterhouses come into force, a very careful review of working arrangements and staffing will have to be made. Meanwhile, the public health inspectors engaged on meat inspection continue to do an extremely good job under most difficult conditions.

My thanks are due to all the staff for their loyalty and co-operation during a year in which old-standing methods of working were largely set aside for new methods.

GENERAL SANITARY CIRCUMSTANCES

Complaints

The following complaints were received and investigated :

Housing Defects	..	..	..	..	1,340
Choked and Defective Drains	..	..	..	..	260
Water Supply—Defective or Insufficient	..	..	..	..	54
Flood Water in Houses	..	..	..	..	59
Overcrowding	..	..	..	..	21
Caravans	..	..	..	..	54
Keeping of Animals	..	..	..	..	21
Accumulation of Offensive Matter	..	..	..	..	103
Factory Conditions (Sanitation)	..	..	..	..	19
Smoke Nuisances	..	..	..	..	63
Grit Nuisances	..	..	..	..	12
Fumes and Steam	..	..	..	..	11
Noise Nuisances	..	..	..	..	58
Offensive Odours	..	..	..	..	96
Infestations :					
(a) Insect Pests	..	..	..	..	176
(b) Rats and Mice	..	..	..	..	1,292
Miscellaneous	..	..	..	..	92
Total					3,731

SYNOPSIS OF INSPECTION WORK

	Inspections
Dwelling Houses :	
Complaints investigated for Housing Defects under	
Public Health Acts	2,893
Under Housing Acts—	
Overcrowding	17
Inspections	2,517
Clearance Area Inspections	1,117
Dangerous Structures	43
Meetings with Owners or Tradesmen	1,455
Rent Act, 1957—	
Certificates of Disrepair	73
Drainage—	
Tests and Inspections	1,695
Common Lodging House	29
Houses in Multiple Occupation	1,032
Van Dwellings	588
Infectious Disease Enquiries	149
Miscellaneous	180
Industrial Premises :	
Factories	304
Noise Nuisances	170
Smoke Abatement :	
Smoke Observations (Industrial, Business and	
Domestic)	898
Visits re Smoke, Industrial, Smoke Control Areas, etc.	1,951
Shops Act, 1950—	
Health and Comfort Provisions	2
Leicester Corporation Act, 1956	
Hairdressers' Premises	118
Nuisances :	
Offensive Accumulations	247
Offensive Trade Premises	11
Keeping of Animals, Poultry, Swine, etc.	45
Tips (Refuse)	24
Ditches and Watercourses	41
Verminous Premises	103
Food :	
Inspections for Supervision of Food—	
Slaughterhouses and Cold Stores	556
Food Warehouses	895
Carried forward	17,153

				Inspections
Brought forward	..	..	..	17,153
Markets—Retail Fish	..	..	..	272
Retail Provision	..	..	..	291
Wholesale Fish	..	..	..	303
Wholesale Fruit and Vegetables			..	296
School Kitchens	..	..	..	3
Dairies	..	..	..	179
Food Hygiene (General) Regulations, 1960 :				
Bakehouses	..	..	..	92
Fish Frying Premises	..	..	..	43
Food Manufacturing Premises	..	..	..	37
Food Vendors' Vehicles	..	..	..	176
Hotel and Restaurant Kitchens	..	..	..	331
Shops—Meat, Fish, Grocers and Greengrocers, etc.				909
Food and Drugs Act, 1955—Section 16 :				
Ice Cream Premises	..	..	..	172
Sampling Visits :				
Foodstuffs, Water, Rag Flocks, etc.		..	..	2,450
Merchandise Marks Act	..	..	..	262
Pet Animals Act, 1951 :				
Shop Premises	..	..	..	79
Total				23,048
Re-inspections				22,473
Grand Total				45,521
Notices—Served—Informal				2,105
Formal	..	..	..	195
Complied with —Informal				2,125
Formal	..	..	..	80

Drainage, Sanitation and Water Supply

During the year further progress was made in the demolition of houses lacking in separate water supplies and separate water closets, viz. 61 houses without internal water supply and 268 houses sharing water closets were dealt with.

The number of known cesspools in the City is 31 and pail closets 33.

Drainage work done in default:			Cost		
			£	s.	d.
1 House	Broken water closet basins..		6	12	1
2 Houses	Obstructed drains	..	20	2	0
2 Houses	Obstructed public sewer	..	3	15	11
2 Houses	Obstructed public sewer	..	42	5	10
6 Houses	Obstructed public sewer	..	30	8	3
1 House	Obstructed drain..	..	15	2	0
1 House	Obstructed drain	..	3	15	0
1 House	Defective drains	..	95	18	2
3 Houses	Leaking public sewer	..	41	3	9
2 Houses	Obstructed public sewer	..	201	7	9
2 Houses	Obstructed public sewer	..	1	3	3
19 Houses	Defective public sewer	..	1,101	14	8
Total			..	1,563	8 8

Swimming Pools

All the Corporation indoor public baths and private outdoor pools were inspected regularly during the year, and samples of the water taken for bacteriological analysis.

Number of samples taken :

Corporation Baths	..	..	44
Private Pools	..	..	38
Total			82

Two samples, one from a Corporation bath and the other from an outdoor private pool, were bacteriologically unsatisfactory and one sample was found to have a high acid value. All were followed up immediately, and after treatment satisfactory samples were obtained.

WATER (City Supply Samples)

Number of Samples 167

These samples were examined bacteriologically and unsatisfactory results were reported to the City Water Engineer.

Ministry of Agriculture Fisheries and Food
Prevention of Damage by Pests Act, 1949
Report for 12 months ended 31st December, 1962

		TYPE OF PROPERTY				(5) Agri- culture
		Non-Agricultural				
		(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Columns (1), (2) and (3)	
1	Number of properties in Local Authority's District. (See Notes 1 and 2 overleaf)	399	87,184	16,417	104,000	Nil
2	Total number of <i>properties inspected</i> as a result of <i>notification</i> (See Note 3)	98	1,010	298	1,406	Nil
	Number of such properties found to be infested by:					
	Common rat Major	Nil	Nil	Nil	Nil	Nil
	Common rat Minor	51	902	157	1,110	Nil
	Ship rat Major	Nil	Nil	Nil	Nil	Nil
	Ship rat Minor	Nil	Nil	Nil	Nil	Nil
	House mouse Major	Nil	Nil	Nil	Nil	Nil
	(See Note 4) House mouse Minor	47	102	141	290	Nil
3	Total number of <i>properties inspected</i> in the course of <i>survey under the Act</i>	45	3,915	296	4,256	Nil
	Number of such properties found to be infested by:					
	Common rat Major	Nil	Nil	Nil	Nil	Nil
	Common rat Minor	43	42	98	183	Nil
	Ship rat Major	Nil	Nil	Nil	Nil	Nil
	Ship rat Minor	Nil	Nil	Nil	Nil	Nil
	House mouse Major	Nil	Nil	Nil	Nil	Nil
	House mouse Minor	2	49	158	209	Nil
4	Total number of <i>properties otherwise inspected</i> (e.g. when visited primarily for some other purpose)	256	1,693	2,845	4,794	Nil
	Number of such properties found to be infested by:					
	Common rat Major					Nil
	Common rat Minor					Nil
	Ship rat Major					Nil
	Ship rat Minor					Nil
	House mouse Major					Nil
	House mouse Minor					Nil
5	Total inspections carried out—including re-inspections. (To be completed only if figures are readily available) ..	399	6,618	10,456	17,473	Nil
6	Number of <i>infested properties</i> (in Sections 2, 3 and 4) treated by the L.A.	143	1,095	554	1,792	Nil
7	Total treatments carried out—including re-treatments. (To be completed only if figures are readily available). (See Note 3)		(Figures not available)			
8	Number of notices served under Section 4 of the Act: (a) Treatment (b) Structural Work (i.e. Proofing)	Nil Nil	Nil Nil	Nil 1	Nil 1	Nil Nil
9	Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act	Nil	Nil	Nil	Nil	Nil
10	Legal Proceedings	Nil	Nil	Nil	Nil	Nil
11	Number of "Block" control schemes carried out	3	46	28	77	Nil

Disinfection and Disinfestation

The work done by the disinfecting and disinfestation staff is shown in the following table :

Houses disinfected	..	..	..	..	43
Houses disinfested	..	..	..	..	258
Bedding, clothing, etc., steam-treated			..	..	220
Articles disinfected prior to export			..	..	79

Periodical fumigation of flour mills is supervised by the Public Health Inspectors.

Insect Pests

The reduction over the last few years in the number of calls for the destruction of household insect pests, particularly fleas and bed bugs, goes to show how effective are the combined results of slum clearance, improved insecticides, and enlightened and better educated citizens.

Pigeons

The nuisance and damage caused by feral pigeons is increasing and is bound to be so whilst public opinion is so biased in favour of these otherwise attractive birds.

Common Lodging House

There is only one common lodging house in Leicester which continued to be used during the year with little cause for complaint. Accommodation is for males only and there are 88 beds.

34 visits were made to these premises during the year.

Movable Dwellings

During the year 1,149 visits were made to 19 sites; these are mostly demolition areas near to the City centre.

The social and environmental problem presented by this type of van dweller is extremely difficult to overcome. Legal proceedings are of little avail, indeed, in twenty-six instances it was not even possible to serve a summons.

Damage to property, abandonment of litter and unsaleable waste, domestic refuse and filth are found on every site.

In addition, residents in nearby houses suffer many indignities and much embarrassment.

The children are sharp witted but get no education in the accepted sense. Until this latter can be brought about it is difficult to see how any

real change of heart can be achieved in these people. Meanwhile the nuisance continues.

Showmen’s Guild Site

This site is used as winter quarters by about 42 members of the Showmen’s Guild and again was well conducted and gave no cause for complaint.

CARAVANS—PROSECUTIONS

Site	Reason	Fines £ s. d.		
Land—Richard Street	Contravention of Leicester Corporation Act, 1956—Section 121. Keeping movable dwellings on land for more than 14 days ..	5	0	0
” ”	” ”	5	0	0
Pingle Street/Swan Street	” ”	10	0	0
Richard Street/William Street	” ”	2	0	0
Vacant land—William Street/Richard Street	” ”	6	0	0
Land—William Street ..	” ”	1	0	0
Land—Merridale Road	” ”	9	0	0
” ”	” ”	3	0	0
Land—Melville Street/Taylor Street ..	” ”	3	0	0
Land—William Street/Richard Street ..	” ”	1	0	0

Knackers’ Yards

There is only one Knacker’s Yard in Leicester which has been conducted satisfactorily during the year, but when the new Regulations for the Prevention of Cruelty come into force it will be unsuitable for slaughtering horses in its present form.

Offensive Trades

There are now only four premises in the City in which offensive trades are carried out, they are:

Hides and Skins	..	..	1
Marine Store Dealer	..	..	1
Tripe Dressers	..	..	2

Pet Shops

There are 27 shops covered by licence under the Pet Animals Act, 1951, and 79 visits have been made during the year. No breach of the licensing conditions was observed.

OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACTS, 1961

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections and Re-Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	57	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,076	304	20	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises)	—	7	2	—
Total	2,133	311	22	—

*i.e., Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

2.—Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) insufficient ..	2	3	—	—	—
(b) unsuitable or defective ..	18	31	—	13	—
(c) not separate for sexes ..	2	1	—	1	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
Total ..	22	*35	—	14	—

(*This total includes 23 notices served in previous years but complied with in 1962)

OUTWORK (Sections 110 and 111)

Total number of outworkers in August, 1962, was as shown below:

Wearing Apparel, Making, etc. ..	..	1,084
Umbrellas, etc. ..	..	9
Basket Makers and Repairers ..	..	1
Printers and Lithographers ..	..	14
		Total 1,108

ATMOSPHERIC POLLUTION

Industrial Smoke

The control of industrial smoke continues and some 350 smoke observations were carried out; these revealed 16 offences in respect of which statutory notice of the offence was served in nine cases.

The number of hand fired boilers was further reduced and there are now only 57 such installations in the City out of some 2,000 boilers. Hand firing is progressively reduced as the smoke control areas programme proceeds, as the Health Committee do not accept hand firing of bituminous coal in the areas covered.

Prior Approval

Fourteen applications for Prior Approval of furnaces were approved by the Health Committee. This is six more than last year, although the total number of new furnaces notified in the city dropped.

Notification of New Furnace Installations

In addition to 'Prior Approval' 20 notifications of new furnace installations were received mostly through the Building Inspection Department. The figures for the last five years show that in a year of a low number of installations, mechanical firing of coal has gained some ground against liquid fuel.

Year	Coal Hand	Coal Mechanical	Oil	Coke Hand	Wood	Gas
1958	—	3	14	1	2	—
1959	—	18	39	6	—	3
1960	—	12	51	7	—	10
1961	—	8	34	6	—	15
1962	—	7	17	1	—	6

In addition, three incinerators were approved.

Complaints made by the Public:

Smoke Nuisances	63
Grit Nuisances	12
Fumes and Steam Nuisances	11

Action taken by Industrial firms involving works:

New Boilers installed	9
New Mechanical Stokers installed	2
New Oil-firing Equipment installed	4

Electricity Generation

During the early part of the year serious discharges of grit occurred from the local Power Station. Whilst this was due, in part, to the heavy loads carried in the bad weather months the emissions necessitated reference to the District Alkali Inspector.

The position is now much improved although a general re-appraisal of the situation is being made in the light of the increased overall demand for electricity and the standard of air hygiene now being demanded in urban areas, particularly with the spread of smoke control areas.

Brickmaking

During the year a new continuous tunnel kiln for brick burning was started up. The output is 200,000 bricks each week. The kiln is oil-fired and apart from some early difficulties during the warming up of the structure from its newly built state, the flue gas effluent discharged to the atmosphere has been most satisfactory. The kiln replaces two Hoffman kilns and two intermittent kilns which, over the years, gave rise to nuisances from smoke and grit.

After some slight modifications the noise emitted from the plant proved to be well below the accepted limit of tolerance in such an area.

Iron and Steel Foundries

Two wet-type grit arrestors at a large factory have resulted in the collection of substantial quantities of grit, much of which was previously escaping into the atmosphere on account of the limited efficiency of dry-type arrestors.

In a small foundry a new cupola with wet-type grit arrestors was being installed at the end of the year.

Smoke Control Areas Programme

In April the City Council approved an accelerated programme of Smoke Control Areas which was produced after consideration of the experience gained in the first seven years of this work. This programme involves completion of most of the West side of the City by 1967 and the remainder of the City by 1975.

Adaptation of Fireplaces—Financial Contributions

Since the inception of the Smoke Control Areas programme the Health Committee has undertaken to pay the whole cost of adaptations to fireplaces in twenty necessitous cases; sixteen were dealt with during 1962. The amount of money involved above the 70 per cent statutory payment was £148 3s. 1d.

One grant was made under Section 15 of the Act relating to premises used for religious and charitable purposes and amounted to £31 8s. 11d.

From the following Table it will be seen that 7,509 premises are now covered by Smoke Control Orders.

Area No.	Area Name	In Force October	Council Houses	Private Dwellings	Other Buildings
1	St. Matthews	1958	735	1	3
2	Central	1959	—	45	504
3	Lee Street	1960	34	93	346
4	Church Gate	1961	—	98	321
5	Aerodrome		438	6	29
6	Lutterworth Road		1,821	1,032	61
7	Dane Hills	1962	467	1,443	32
SMOKE CONTROL ORDERS PROGRAMME					
8	New Parks	1963	3,570	118	19
9	Highcross Street		—	47	167
10	Braunstone West	1964	2,100	8	8
11	Granby		—	132	753
12	Willow Street		737	2	17
13	Tudor Road		—	1,057	44
14	Braunstone Park	1965	1,150	6	5
15	Fosse		—	4,513	89
16	Narborough Road	1966	1,590	3,430	68
17	Aylestone	1967	100	2,460	98
18	Beaumont Leys	1967	2,000	3,055	121
	Totals	—	14,742	17,546	2,685

Railway Smoke

The reduction of smoke from this source continues as more main line passenger trains are converted to diesel-electric traction. Very good relations exist with British Railways officials in this Region. Observations of excessive smoke from locomotives passing through smoke control areas are passed on to the District Motive Power Superintendent who makes it his duty to bring the offences to the notice of the engine crews concerned.

NOISE AND VIBRATION

Complaints received	..	..	58
Complaints confirmed	..	..	21
Complaints not confirmed		..	37
Nuisances abated	..	..	16
Cases outstanding	..	..	5

A considerable number of complaints received have not been confirmed. This was on account of isolated incidents such as noise from shouting, the use of road repairing machinery, or transportable compressors.

Many complaints arise from the use of large industrial fans, particularly during the night hours. In these cases restricted use of fans during night time, the installation of silencers, or the erection of screens and baffle walls have effectively reduced the noise. In one case a fan was moved from a site close to houses to a position in the centre of the works area and was sound proofed by enclosing it in a wooden structure lined with three inches of fibreglass. Offending machinery was overcome by re-siting and the sealing of roof lights.

The Dawe Transistor Sound Level Meter in use in the Department has proved most helpful although, of course, many particular and local circumstances have to be taken into account when assessing a noise problem. Regard is also had to the Building Research Station Simplified Method for the determination of noise nuisance.

HOUSING

During the last five years the following houses have been built in Leicester :

	1958	1959	1960	1961	1962	Total
By Housing Committee ..	677	1,030	863	587	434	3,591
By Private Builders ..	483	295	247	283	242	1,550
Totals	1,160	1,325	1,110	870	676	5,141

The 434 Corporation houses built in 1962 were on the following estates:

Thurnby Lodge (City)	..	4
Thurnby Lodge (County)	..	328
Evington .. ..	..	60
Nether Hall (City)	..	42
		—
Total .. ..	..	434
		—

The total number of houses built by the Corporation since the war, i.e. from 1946 to the end of 1962, was 15,493.

HOUSING CONDITIONS

Slum Clearance

During the year the following clearance areas were represented to the Council through the Slum Clearance and Re-development Committee.

Area No.	Name	C.O. or C.P.O.	No. of Houses	Other Buildings
274	Birstall Street, No. 1	C.P.O.	78	4
275	Birstall Street, No. 2	C.P.O.	133	5
276	Old Church Street, Aylestone ..	C.P.O.	21	—
277	Main Street, Humberstone, No. 1	C.P.O.	3	—
278	Main Street, Humberstone, No. 2	C.P.O.	2	—
279	Carpenter's Yard, Main Street, Humberstone	C.P.O.	3	—
			—	—
	Total .. ..	..	240	9
			—	—

The programme for 1962 was retarded on account of the setting up of a separate City Planning Department and certain basic re-development problems.

Two individual houses have been represented for demolition and a further 40 have been demolished. Closing Orders were made under Section 17 of the Housing Act, 1957, on 3 houses.

Individual Unfit Houses, 1953-1962

Act under which Action taken	Houses repre- sented to Health Com- mittee	Houses on which Order made	Statutory U/T not to re-let	Houses vacated	Awaiting removal
Housing Act, 1957 Sec. 17—Dem. Orders..	345	320	25	340	5
Housing Act, 1957 Sec. 17—Closing Orders	74	72	—	72	2
Housing Fin. Prov. Act, 1958	103	103	—	100	3
Voluntary Undertakings	—	—	11	10	1
Housing Act, 1957 Sec. 18—Closure of Rooms	4	4	—	4	—

Progress annually has been set out below:

		Representations		No. of Houses	
		C.O.	C.P.O.	In Orders	Confirmed
1953	..	—	1	270	270
1954	..	—	5	670	664
1955	..	—	6	155	123
1956	..	14	7	577	282
1957	..	23	11	1,076	534
1958	..	27	24	769	645
1959	..	2	11	1,104	716
1960	..	4	19	519	1,118
1961	..	3	4	576	344
1962	..	—	6	240	801
Totals		73	94	5,956	5,497

Improvement Grants

As in previous years, the great majority of grants were made to owner-occupiers; the improvement of rented properties makes little progress and the applications made are almost exclusively from one firm of estate agents. During the year a circular was received from the Minister of Housing and Local Government urging local authorities to deal with house improvement on an area basis, and asking for the maximum possible effort to persuade owners and landlords to effect improvements. The Housing Committee are consequently considering a scheme to start this very necessary work.

	Standard Grants			Discretionary Grants		
	During year 1962	During year 1961	Total from commencement of Scheme	During year 1962	During year 1961	Total from commencement of Scheme
Applications received	506	244	1,198	126	236	1,872
Approved by Housing Committee ..	358	219	925	101	255	1,262
Amount of Grants paid on applications approved.. ..	£ 14,129	£ 12,765	£ 35,243	£ 24,354	£ 31,927	£ 152,240
Amount to be paid by Council	3532	3191	8811	6088	7981	38060

The information given above has been supplied by the Housing Manager with whom there is regular consultation on the suitability of property for improvement as regards age, character and structural condition.

The success of this work is essential if the present rate and cost of slum clearance is not to continue indefinitely.

Property Enquiries

5,233 enquiries were answered relating to the expectation of life and outstanding repair notices on dwelling-houses which were changing ownership.

HOUSING STATISTICS

For year ended 31st December, 1962

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	2,517
(b) Number of inspections made for the purpose	4,267
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	1,198
(b) Number of inspections made for the purpose	1,855
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	660
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	1,678

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,934
---	-------

3.—Action under Statutory Powers.

A—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1957 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs	4
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	3
(b) By Local Authority in default of owners	—

B—Proceedings under Public Health Acts :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	120
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	37
(b) By Local Authority in default of owners	46

C—Proceedings under Section 17 of the Housing Act, 1957 :

(1) Number of dwelling houses in respect of which Demolition Orders were made	6
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	40

D—Proceedings under Section 18 of the Housing Act, 1957 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

Number of houses in respect of which Closing Orders were made under Section 17 of the Housing Act, 1957	3
---	---

Number of houses dealt with under Housing Financial Provisions Act, 1958	1
--	---

Number of houses dealt with under Sections 12 to 16 of the Housing Act, 1961 (Houses in Multiple Occupation)	34
--	----

RENT ACT, 1957

Applications for Certificates of Disrepair were as follows :

	1958	1959	1960	1961	1962
Applications received ..	415	155	57	30	55
Certificates granted ..	54	37	10	6	12
Certificates cancelled ..	59	23	15	4	5
Undertakings accepted ..	292	101	32	15	34
Applications withdrawn or pending	28	13	—	5	9

The total inspections of dwelling-houses under the Housing and Public Health Acts and action taken are summarised in the Table on page 210.

FOOD

Hygiene—Production and Sale

During the year 1,189 inspections were made in premises where food is prepared for sale, e.g. meat products, cakes and pastries, fried fish, ice-cream, prepared meals as in snack bars, restaurants and hotels. 176 food vending vehicles were inspected.

Notices requiring maintenance, cleansing and improvements were served in 499 cases.

Food shops, cold stores and market stalls necessitated 4,795 inspections.

Under the Food Hygiene (General) Regulations, 1960, the following deficiencies were found:

Insufficient or unsatisfactory sanitary accommodation ..	180
Absence of Notices re hand-washing	54
Insufficient provision of sinks, washbasins and hot water ..	93
Absence of clean towels at washing points	64
Insufficient accommodation for outdoor clothing	38
Absence of protective clothing (overalls, gloves)	23
Absence of first aid equipment	137
Dirty food rooms	286
Dirty utensils and equipment	64
Working surfaces, counters not non-absorbent	45
Defective surfaces to floors, walls, etc.	37
Insufficient storage and removal of refuse	59
Food not protected from risk of contamination	121
Miscellaneous	64

Meat Inspection

The Council’s Slaughterhouses Report stated that the new Regulations, relating to the prevention of cruelty and the promotion of improved hygiene, should come into force in Leicester on 1st April, 1963. Unfortunately, the severe winter weather so delayed building operations that the date has had to be made 1st October, 1963.

At the end of the year the four new slaughterhouses were in various stages of construction. When they come into use thirteen obsolete slaughterhouses will be de-licensed. Those at the Cattle Market, in the Corporation’s ownership, will be demolished. The small slaughterhouse at The Towers Hospital ceased to be used as such in March, 1962.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
1956	17,478	2,797	4,321	97,500	45,466	167,562
1957	18,666	2,434	3,301	96,751	48,418	169,570
1958	18,710	2,974	1,964	91,249	59,206	174,103
1959	17,397	2,084	1,928	105,910	57,301	184,620
1960	19,128	2,202	3,314	100,728	54,909	180,281
1961	21,046	2,257	3,059	118,397	56,417	201,176
1962	19,586	2,568	3,079	120,216	53,772	199,221

Total Number of Animals Slaughtered, 199,221, comprising

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Public Abattoir ..	15,783	2,119	2,035	99,371	51,240	170,548
Private Slaughterhouses ..	3,648	237	894	20,294	1,583	26,656
Casualties ..	155	212	150	551	949	2,017
Totals ..	19,586	2,568	3,079	120,216	53,772	199,221

Carcases Inspected and Condemned. 1962

	Cattle	Calves	Sheep and Lambs	Pigs
Number killed	22,154	3,079	120,216	53,772
Number inspected	22,154	3,079	120,216	53,772
All Diseases except Tuberculosis & Cysticerci— Whole carcasses condemned	40	55	106	167
Carcases of which some part or organ condemned ..	3,801	—	805	2,590
Percentage of the number inspected affected with Disease other than Tuberculosis and Cysticerci ..	17.34	1.79	.76	5.13
Tuberculosis only— Whole carcasses condemned	12	—	—	3
Carcases of which some part or organ condemned ..	88	4	—	417
Percentage of the number inspected affected with Tuberculosis .. .. .	.45	.13	—	.78
Cysticercosis carcasses of which some part or organ was condemned	50	—	—	—
Carcases submitted to treatment by refrigeration ..	50	—	—	—
Generalised and totally condemned	—	—	—	—

Total Weights of Meat Condemned, 1962

	English Meat			Imported Meat			English Offal			Imported Offal			Totals		
	T.	C.	Qrs. lbs.	T.	C.	Qrs. lbs.	T.	C.	Qrs. lbs.	T.	C.	Qrs. lbs.	T.	C.	Qrs. lbs.
Cattle Market Slaughterhouses ..	31	2	1 24	-	-	- -	38	7	2 0	-	-	- -	69	9	3 24
Private Slaughterhouses	-	8	2 17	-	-	- -	3	19	2 26	-	-	- -	4	8	1 15
Wholesale Meat Depots	-	-	- -	-	15	3 13	-	-	- -	1	14	1 5	2	10	0 18
Totals ..	31	11	0 13	-	15	3 13	42	7	0 26	1	14	1 5	76	8	2 1

SUMMARY OF FOODSTUFFS CONDEMNED

Tons Cwt. Qrs. lbs.					Other Foodstuffs, etc.	
Fish (excluding					Baby Foods	.. 151 tins
Shell Fish) ..	2	13	3	2	Bacon ..	.. 99 lbs.
Shell Fish:					Beverages ..	.. 37 bottles
Mussels ..	1	18	0	26	Biscuits ..	.. 15 lbs.
Other					Butter ..	.. 14 lbs.
Shell Fish ..	—	—	2	12	Cake ..	.. 109 lbs.
Fruit ..					Cakes ..	.. 149
2	11	0	7		Cereal ..	.. 52 lbs.
Vegetables ..					Cheese ..	.. 106 lbs.
24	15	3	13		Coconuts ..	.. 32
Meat:					Custard Powder ..	.. 8 lbs.
English ..	31	11	0	13	Fat ..	.. 6 lbs.
Imported ..	—	15	3	13	Fish ..	.. 2,245 tins
Offal:					Fish Cakes	.. 76
English ..	42	7	0	26	Flour ..	.. 291 lbs.
Imported ..	1	14	1	5	Fruit ..	.. 7,671 tins
Poultry, etc.					Fruit (Dried)	.. 308 lbs.
Chickens, Turkeys and Ducks	41				Fruit Juices	.. 816 tins
					Ice Cream ..	.. 77 lbs.
					Ice Cream Blocks	.. 213
					Ice Lollies ..	.. 204
					Jam ..	.. 224 jars
					Jellies ..	.. 23 jars
					Meat ..	.. 2,811 tins
					Meat (Cooked)	.. 75 lbs.
					Milk ..	.. 893 tins
					Miscellaneous	.. 39 tins
					Nuts ..	.. 927 lbs.
					Pickles ..	.. 239 jars
					Pies (various)	.. 111
					Puddings ..	.. 43 tins
					Rice ..	.. 353 tins
					Salt ..	.. 49 lbs.
					Sauces ..	.. 127 bottles
					Sausages ..	.. 205 lbs.
					Soups ..	.. 835 tins
					Spice ..	.. 16 lbs.
					Sugar ..	.. 7 lbs.
					Sweets ..	.. 196 lbs.
					Tea ..	.. 12 lbs.
					Vegetables ..	.. 4,715 tins
					Vegetables (dried)	.. 54 lbs.
					Vinegar ..	.. 44 bottles

LEGAL PROCEEDINGS—FOOD

Statute under which proceedings were instituted	Default or Offence	Fines £ s. d.
Food Hygiene (General) Regulations, 1960	Smoking whilst serving grapes .. Costs	3 0 0 9 0
Food and Drugs Act, 1955, Section 2 ..	Sawdust in fat	10 0 0
Food and Drugs Act, 1955, Section 2	Wood screw inside chocolate caramel	20 0 0
Food and Drugs Act, 1955, Section 2	Chocolate nut caramel containing a piece of wire	20 0 0
Food Standards (Cream) Order, 1951	Did not contain 48% of milk fat as required by Order	20 0 0
Food and Drugs Act, 1955, Section 2	Razor blade in sausage roll ..	10 0 0
Food and Drugs Act, 1955, Section 2	Two mouldy cream and apple tarts ..	30 0 0
Food and Drugs Act, 1955, Section 2	2 in. nail minus head embedded in fried cod fillet	25 0 0

CITY OF LEICESTER CLEAN FOOD GUILD

The following Table shows the number of premises in respect of which Certificates have been awarded by the Guild:

Trade	Applications	Certificates granted
Bakers and Confectioners	22	22
Catering Establishments	32	28
Fishmongers and Fish Fryers ..	13	8
Fruiterers and Greengrocers ..	9	9
Grocers and General Stores ..	136	79
Ice Cream	1	1
Manufactured Meat Products ..	8	2
Retail Butchers	43	31
Sweets	6	6
Licensed Premises	1	1
Totals	271	187

ICE CREAM

Seventy-six samples of ice cream were submitted for bacteriological examination during 1962. The following is a summary of the results obtained.

Prepacked and Loose	Grade I	Grade II	Grade III	Grade IV	Total
Prepacked ..	8	-	-	-	8
Loose	55	6	4	3	68
Total	63	6	4	3	76

15 samples were submitted from soft-mix vehicles and of these 14 were Grade I and one Grade II.

Chemical Analysis

Number of "loose" ice cream samples	..	..	59
Number of "prepacked" ice cream samples	..	..	8
			—
Total	..	..	67
			—

All the above samples were reported as satisfactory and full details appear in the Public Analyst's section of this report.

Sampling during the year was concentrated mainly on ice cream sold "loose" and from soft-mix vehicles and the few unsatisfactory results were immediately investigated.

The Council refused to register a petrol filling station for the sale of "prepacked" ice cream.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1960

Sampling 1962

Pasteurised Milk (Bottles and Cartons)	..	..	337
Tuberculin Tested (Pasteurised) Milk (Bottles and Cartons)	..	..	82
Tuberculin Tested (Pasteurised) Channel Islands Milk (Bottles)	..	..	25
Sterilised Milk (Bottles)	..	..	104
Pasteurised Milk ($\frac{1}{2}$ pints from school supplies)	..		40
Tuberculin Tested (Farm Bottled) Milk	..	..	18
Pasteurised Milks for Phosphatase Test only (Bottles)	..		494
Total	..	..	1,100
Number of Methylene Blue Test failures	..	..	11
Number of Phosphatase Test failures	..	..	1

All the above samples, which failed the methylene blue test, were cartons of milk taken from vending machines during the summer months. Increase of temperature during transport to the machines, and refrigeration breakdowns were the principal causes of these failures. This emphasises the need for strict control by dairymen over vending machine milk, with proper rotation of stock and an adequate cooling system for the cartons. It is significant that one dairy in Leicester, which date-stamps its cartons and during the summer changes the stocks in the machines daily, had no recorded failures.

The phosphatase test failure was a carton of milk from a vending machine, but extensive investigations failed to determine the cause.

Bacteriological Examination of Milk Bottles and Churns

Rinses from churns and bottles are taken in order to ascertain the efficiency of washing plant at the dairies.

Number of bottles taken	..	..	328
Number unsatisfactory	..	..	16
Number of churns taken	..	..	122
Number unsatisfactory	..	..	18

(An unsatisfactory bottle has a count of more than 600 colonies and an unsatisfactory churn more than 250,000 colonies)

The five processing dairies in the City operate eight washers and these have been sampled at least once each month. All unsatisfactory results have been followed, and after further sampling satisfactory samples were obtained.

FOOD AND DRUGS ACT, 1955

Milk Sampling

Bacteriological samples which were also treated as informal				
samples for chemical analysis	..	..	..	593
Dairy control samples	..	..	..	494
Formal Samples	..	..	..	32
Ex-farm supplies at receiving dairies		..	..	129
				<hr/>
				1,248
				<hr/>
Number of samples adulterated	..	..	..	5

During the year five of the above samples were found to contain added water, of these one was from a churn of ex-farm milk taken as it arrived at the processing dairy. Follow-up samples of this milk taken at the farm proved to be satisfactory.

Three of the remaining samples with added water were dairy control samples which are taken at regular intervals from the processing dairies. Every endeavour was made during the year to obtain these samples from the first bottles of milk off the plant. It was believed that, in spite of the apparently strict routine laid down, there was a danger from added water due to the incomplete draining of water from the plant after sterilisation. This proved to be the case with three of five dairies, with amounts of added water in the samples ranging from 4% to just a trace in the bottles of milk examined. The dairies concerned were warned to be more careful in their plant operations and more strict control measures were agreed after consultation.

The remaining sample which contained added water was a carton of pasteurised milk from a vending machine and this was found to be due to faulty operation of the filling machine after sterilisation.

Sampling of Food and Drugs (other than Milk)

The following is a summary of samples submitted to the Public Analyst. Full details appear in the Public Analyst's section of this Report.

Food samples—Formal	..	..	..	23
Informal	..	..	..	1,009
Drug samples—Formal	..	..	..	3
Informal	..	..	..	250
				<hr/>
Total			..	1,285
				<hr/>

All the unsatisfactory samples were investigated with the retailer, wholesaler or manufacturer concerned and a full report prepared on each case for the Health Committee.

Proceedings were taken, against a firm of dairy farmers, for double cream deficient in fat. These proceedings were taken under the Food Standards (Cream) Order, 1951 and fines of £10 each were imposed on the partners in the firm.

In all other cases, where necessary, warning letters were sent.

Many complaints of foreign material in foodstuffs were dealt with during the year. The majority, after full investigation, were dealt with by warning letters to the firms concerned. Five prosecutions were taken under the Food and Drugs Act, 1955, Section 2 for:

- (1) Sawdust in cooking fat
- (2) Screw in caramel toffee
- (3) Wire in caramel toffee
- (4) Mouldy fruit tart (2 offences)
- (5) Razor blade in sausage roll
- (6) Nail in cod fillet

In each case a fine was imposed. It is interesting to note proceedings, in the case of the razor blade in a sausage roll, were taken in the Juvenile Court against a youth who admitted placing the razor blade in the roll as a prank.

The bakery concerned were not proceeded against but an offence of this nature illustrates how much food manufacturers are dependent upon their employees.

Biological Milk Sampling

Sixteen samples of milk from the seven farms in the City were submitted to the Public Health Laboratory during the year for biological examination. They were all reported free from tubercle bacilli and brucella abortus.

Fresh Cream Sampling

During the year samples of fresh cream on retail sale were submitted to the Public Health Laboratory for examination.

Number of samples	..	..	..	..	56
Number reported as positive for Escherichia coli, Type 1 (faecal coli)	..	..	..	..	4

The unsatisfactory samples were investigated at the dairies concerned, and recommendations were made to improve cream handling hygiene. As a result follow-up samples were satisfactory.

Merchandise Marks Acts, 1887-1953

Merchandise Marks (Imported Goods) Orders

The provisions of the above Acts and Orders were administered during the year by public health inspectors in connection with their other duties, in respect of food shops. Particular attention was paid to the labelling of fruit on the Retail Market and warnings given where imported tomatoes and apples were found to be improperly marked. In addition, where attempts were made to pass off inferior varieties of apples as 'Cox Orange Pippins' and varieties of pears as the popular 'William', warnings were also given. Other passing off offences noted were apples of Italian origin sold as Australian and South African and occasionally Mediterranean potatoes labelled as being from the Channel Islands or from Lincolnshire.

Bacteriological Sampling of Desiccated Coconut

Number of samples taken	251
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These samples were all taken from bulk supplies of desiccated coconut from Ceylon, at the premises of a firm which prepacks this product for the retail grocery trade. They were all reported by the Public Health Laboratory as negative for salmonella bacilli, a considerable improvement on last year when several hundred pounds in weight were found to be contaminated and were subsequently destroyed.

Bacteriological Examination of Shellfish

Number of samples	..	..	..	11
Unsatisfactory samples	..	..	..	Nil

The above results which relate to mussel and oyster samples were reported to the Ministry of Agriculture, Fisheries and Food, Experimental Station, North Wales. All the results were Sanitary Grade I indicating that the shellfish contained 0-5 B.Coli per ml of flesh and thus acceptable for direct human consumption. The laying beds are situated principally on the coasts of Norfolk, North Wales and Cornwall.

Fertilisers and Feeding Stuffs Act, 1926

Number of samples taken—Formal	..	..	Nil
Informal	..	..	52
			—
			52
			—

Number of samples reported as unsatisfactory:

Not complying with statutory declaration	..	2
No Statutory declaration	..	2
		—
		4
		—

All the foregoing samples were submitted to the Public Analyst in his capacity as the official Agricultural Analyst. Unsatisfactory results were notified to manufacturers and reasonable explanations obtained.

Rag Flock and Other Fillings Act, 1951

Number of samples taken	..	..	..	5
All reported as satisfactory				

HEALTH EDUCATION

Talks and Demonstrations

Lectures Given				
Student Health Visitors	..	..		7
Student District Nurses	..	..		1
Home Helps ..	..	..	..	4
Students, Teachers, etc.	..	..		5
Food Handlers	..	..	..	1
Adult Schools, Church Fellowships, etc.	..			8
Solid Fuel Merchants ..	..	..		1
				—
Total	..	..	..	27
				—

Amongst the above were a panel dealing with improvement grants arranged by the Housing Manager and a meeting of solid fuel merchants convened by the East Midlands Gas Board.

INDEX

	PAGE		PAGE
Abbey Park Show	93	Common Lodging House	212, 216
Accidents—Firework	98	Complaints—Sanitary	211
Accidents—Home	95	Condemned Carcasses and	
Adoption of Children	42	Meat	232-233
Adult Training Centre—Mental		Condemned Foodstuffs	234
Health	vii, 125	Contents	v
After-Care	75, 91	Convalescent Home Cases	86
Aged—Home Nursing of	63	Co-operation	65
Ambulance Service	71	Co-ordinating Arrangements for	
Analgesia	50, 73	Neglected Children	46
Analyst's Report	146	Cost of Sickness	x
Animals Slaughtered	230-233	Cream (fresh)—Sampling	239
Ante-Natal Clinics	24, 29	Cremation	137
Appliances—Nursing	59		
Area of City	1	Dairies	213
Artificial Sunlight Clinic	35	Day Nurseries	36
Atmospheric Pollution		Deafness in the Pre-School Child	26
3, 148, 201-207	210, 220	Deaths and Death-rate	1, 4, 5-10
Audiology Clinic	26	Dental Reports	43, 124
		Desiccated Coconut—Sampling	240
Bath Waters, Examination of		Diabetic Clinic	91
194, 214		Diocesan Moral Welfare	
B.C.G. Vaccination	78	Association	39
Bedding for Tuberculous patients	86	Diphtheria	12
Births and Birth-rates	1, 3, 5, 18	Diphtheria Immunisation	68
Birth Control Clinic	33	Disinfection and Disinfestation	216
Blind Persons	139	District Nurses—training of	57
Breast Milk Bank	52	Domestic Help	103
Brickmaking	221	D.P.H. Training	vii
		Drains	211, 212, 213
Cancer	1, 6, 66, 81, 93	Drinking Waters	132
Caravans	210, 211, 212, 217	Drug samples analysed	
Carcasses condemned	232	148, 155-157, 161-163, 185-193,	238
Care and After-Care	75, 91	Drugs—use of	xi
Care of Illegitimate Children	39	Dysentery	13
Care of Mothers and Young			
Children	18	Ear, Nose and Throat Clinic	
Catering Premises	235	(Aural Clinic)	36
Causes of Death	7, 10	Electricity Generation	221
Cesspools, etc.	213	Emily Fortey School	123
Cheese—new legislation	150	Encephalitis	12
Chest Clinic Report	75	Epidemiology	12
Chief Officials	iv	Equipment (Medical) Loan	
Children—Home Nursing of	66	Service	90
Children neglected in own homes	46	Exhibitions	93
Child Minders	37	Eye Clinic	36
Child Welfare Centres	24, 34		
Chiropody Service	88	Factories Acts	218
City Ambulance Service	71	Families—Prevention of break-up	48
Civil Defence	208	Fertilisers and Feeding Stuffs	
Clean Air Act	220	148, 195-196,	240
Clean Food Guild	235	Firework Accidents	98
Cleanliness—Promotion of	35	Flying Squad (Obstetric)	52
Clinics	24, 29, 35-36	Food samples analysed	
Committees	ii, iii	148, 155-157, 161-184,	238

	PAGE
Food Hygiene	229
Food Poisoning	14
Foodstuffs Condemned	234
Gas and Air Analgesia	50, 73
General Practitioner/Obstetricians	51
General Rate	1
Geographical and Physical Aspects	2
Graphs	3, 10-11, 39, 99, 160
Handicapped children	28
Health of children — Prevention of break-up of families	48
Health Committee	ii
Health Education	91, 92, 208, 241
Health Visitors	24, 53, 91
Health Visitors' Training School	vii, 53
Health Visitor Tutors	53-54
Hepatitis	x, 16
Holiday Homes	86
Home Accidents	95
Home Help Service	vi, 103
Home Helps—Training	106
Home Nursing Service	52, 55
Home Safety	93
Houses — empty or inhabited	1
Houses let in multiple occupation	210, 212
Housing	142, 212, 225
Ice Cream	236
Illegitimate Births	11, 37
Illegitimate Children — Care of	39
Illegitimate Infant Deaths	4
Immigrants	viii
Immunisation	68, 93
Improvement Grants (Housing)	227
Industries	2
Infant Mortality	1, 4, 5, 20, 23
Infant Welfare Centres	24, 34
Infectious Diseases	12, 110, 212
Infective Hepatitis	x, 16
Infestations	211
Insect Pests	216
Introductory Letter	vi
Iron and Steel Foundries	221
Joint Circular Ministry of Health, Ministry of Education and Home Office	26
Knackers' Yards	217
Labelling—Defective	161, 164-169
Laundry Service for Old People	89
Legal Proceedings	235
Legislation—new	149-154
Leprosy	ix
Lung Cancer	81, 93
Marie Curie Memorial Foundation	66

	PAGE
Marriages	1
Mass Radiography	83
Maternal Mortality	1, 22
Maternity and Child Welfare Report	18
Maternity and Child Welfare Dental Report	29
Maternity Homes (Registered)	131
Maternity Nursing	52, 62
Meals Service (Mobile)	65
Measles	12
Meat Inspection	230
Medical examination of Corporation Employees	145
Medical Equipment Loan Service	90
Meningitis	12
Mental Health Service	vi, 115
Merchandise Marks Acts and Orders	240
Midwives and Midwifery Service	50
Milk, Analysis and Sampling	148, 158-160, 238-239
Milk Bottle Hygiene	148, 159, 237
Milk and Dairies	237
Milk for Tuberculous Patients	86
Milk Vending Machines	237
Minor Ailments Clinic	35
Mobile Clinic	29
Mobile Meals Service	65
Mothercraft and Relaxation Clinics	30
Movable Dwellings	216
National Assistance Act, 1948, Section 47	138
National Health Service Acts	18-129
National Productivity Year Exhibition	93
Neglected Children	46
Neo-natal Mortality Rate	1, 22
Night Help—Home Help Service	110
Night Visiting Service — Home Nursing	56
Noise and Vibration Nuisances	211, 212, 224
Nuisances	211, 212
Nurseries and Child Minders Regulations Act, 1948	37
Nurses' Bureaux	131
Nursing Appliances	59
Nursing Homes, Registered	131
Occupation Centre (See Emily Fortey School)	
Offensive Trades	212, 217
Ophthalmia Neonatorum	33
Orthopaedic Clinic	36
Outwork	220
Paratyphoid Fever	12
Perinatal Mortality Rate	1, 6, 22
Pests Act	215
Pet Shops	213, 217

	PAGE
Phthisis (see Tuberculosis)	
Pigeons	216
Poliomyelitis	12, 13
Poliomyelitis Vaccination ...	69
Population	1, 5
Post-Natal Clinic	31
Premature Infants	31, 32
Premature Retirement Medical Examinations	145
Prematurity as Cause of Death	32
Prevention of break-up of families	48
Prevention of Illness	75
Problem Families	111
Property Enquiries	227
Prosecutions	176, 217, 235
Public Health Inspection Depart- ment	vii
Public Health Inspection — Synopsis of Inspections ...	212
Public Health Inspector's Report	209
Qualifications of Senior Public Health Officers	iv
Rag Flock and other Filling Materials Act	148, 241
Railway Smoke	224
Rateable Value	1
Recuperative Holidays	86
Refresher Courses	58
Register of Handicapped Children	28
Registered Nursing Homes ...	131
Registration of Nurses' Bureaux	131
Rehousing on medical grounds	142
Rent Act	229
Rent Arrears	48
Samples analysed 148, 155-200, 238	
Samples analysed for Corpora- tion Committees	197-199
Scarlet Fever	12
School Health Service	53
Secondment for D.P.H. Training	vii
Sewerage	136
Shellfish—bacteriological exam- ination of	148, 240
Shops Act	212
Showmen's Guild Site	217
Sickness Surveys	x
Skin and Minor Ailments Clinic	36
Slaughterhouses 212, 230-231	
Slum Clearance	210, 225
Smallpox	ix
Smallpox Vaccination	69
Smoke Abatement 3, 148, 201-7, 210, 212, 220	
Smoke Nuisances	211, 212
Smoking and Chronic Lung Disease	81, 93
Social Club—Mental Health ...	125
Sonne Dysentery	13
Staff iv, xi, 57, 103, 115, 209	

	PAGE
Statistics — Ambulance Service	73
Statistics — Home Nursing Ser- vice	59
Statistics — Housing	228
Statistics — Vital	1, 3, 5, 18
Stillbirths	1, 18
Sub-Committees	ii, iii
Superannuation Medical Exam- inations	145
Swimming Bath Waters ...	194, 214
Ten-Year Plan	vi
Tetanus Immunisation	68
Training of District Nurses ...	57
Training of Home Helps ...	106
Training of Mentally Handi- capped	123, 125
Training of Public Health Inspectors	209
Training School for Health Visitors	vii, 53
Transport—Home Nursing Ser- vice	58
Tropical Disease	ix
Tuberculosis	viii, 75
Assistance to Cases	86
Attendances at Dispensary ...	81
B.C.G. Vaccination	78
Care and After-Care	86, 91
Cases on Register	82
Chest Clinic Report	75
Chronic Cases	80
Contacts	78
Deaths and Death-rates ... 1,	78
Deaths—Analysis	80
Examinations	81
Expectant Mothers — radio- logical examination of ...	78
Home Nursing	62
Provision of Beds, Bedding and Milk	86
New Cases	75
Recovered Cases	80
School Case-finding Scheme	78
Visits to Patients' Homes ...	81
Typhoid Fever	12, 13
Vaccination	68, 93
Van Dwellings 210, 211, 212, 217	
Venereal Disease	100
Verminous Children	35
Water Closets and internal water supply	213
Water supply, etc. 132, 148, 211, 214	
Welfare Foods	34
Whooping Cough	12
Whooping Cough Immunisation	68
Yellow Fever Vaccination ...	70
Zymotic Death-rate	1, 5